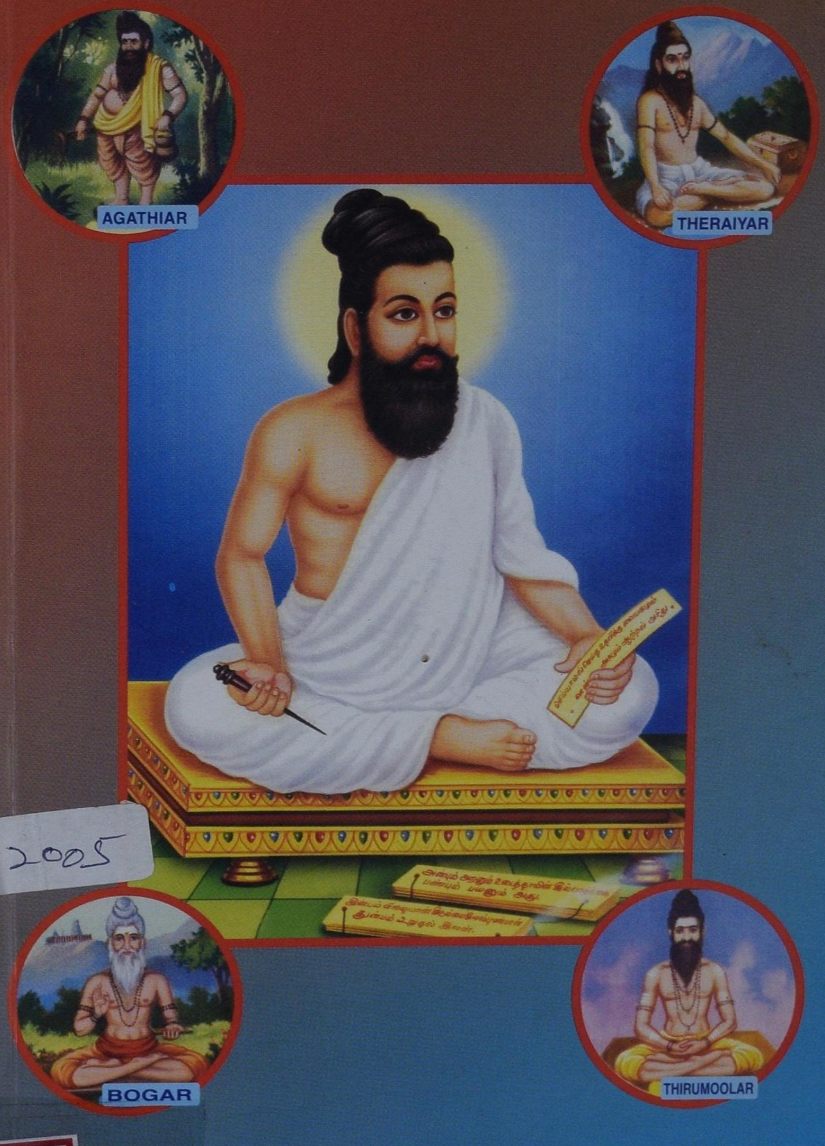
Tamil Culture & Psychiatry



O. Somasundaram

TAMIL CULTURE

&

PSYCHIATRY

O. SOMASUNDARAM

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WITH A FOREWORD BY

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10. Ageing In Tamil Literature. Indian Journal of Psychological Medicine 1990 13(1):71-73.
11. Psychiatric Insight Of Poet Kannadasan. Indian Journal of Psychological Medicine, 1994 17(2):51-58.
12. Psychiatry in Siddha (Tamil) system of Medicine. Indian Journal of Psychological Medicine, 1986 9:38-45.
13. Seizure Disorders: Views Of The Indian Medical Systems 2001 Indian Journal of Psychiatry 43:12-15.
14. The Reconversion Of Saint Appar To Saivism. Indian Journal of Psychological Medicine, 1996 19(1):26-31.
15. Saint Sambandar Cures A Case Of Stupor. Indian Journal of Psychological Medicine, 1999 22(1)40-44.
16. The Mad Encounter. Indian Journal of Psychological Medicine, 1993 16. 53-56.
17. Death wishes in the Thiruvachakam. Indian Journal of Psychological Medicine, 1998 11(2): 215-218.
18. The Last Days of Saint Ramalingar. Indian Journal of Psychological Medicine, 1987 10:18-24.
19. An Hypochondriacal Approach To Prayer. Indian Journal of Psychological Medicine, 2000 23(1):71-74
20. Conjugal Bereavement In Two Nayak Queens Of Madurai. Indian Journal of Psychological Medicine1990 13(2):191-193.
21. The Last Days Of Rani Mangammal. Awaiting Publication.
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Vice-Chancellor

May 31, 2005

FOREWORD

I am academically delighted to see that Dr. O. Somasundaram, a Doyen Psychiatrist of our Indian sub-continent and former Director of the Institute of Mental Health, Chennai writing a scholarly contribution entitled "Tamil Culture and Psychiatry". On carefully going through this masterpiece work, I am amazed at the analytical approach made by Dr. Somasundram in linking the ancient Tamil Literatures like Tolkappiyam, Manimekhalai, Thirukkural and Thiruvasagam, with enormous wealth of informations that are available in them on Psychiatric thoughts, Psychopathological issues, emotional states leading to Psychiatric disorders. He has also scientifically narrated the use of the Siddha and other systems of medicines in Psychiatry with several examples from the historical literatures of Sangam era and Contemporary era.

Another noteworthy feature of this book is his impressive way of describing the role of devotional literatures in Psychiatry from the writings of Saints like Appar, Sambandar, Ramalingar and others.

In today's paradigm of interdisciplinary research in higher education, I am of the opinion that research areas, which are of societal relevance and of application value are to be given top priority in Universities. A book of this kind would definitely become a treasure of knowledge for researchers in Tamil, as well as in Psychiatry and I wish that this book on 'Tamil Culture and Psychiatry' is read by not only people of eminence in Tamil Literature and medicine, but also by young students and researchers, who would get benefited enormously by understanding the richness of Tamil Literature and their relevance even to the 21st Century Science.

My deepest sense of appreciation to Dr. O. Somasundaram who has been an inspirer for many medical men for his valuable contribution.

31/5/05
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PREFACE

Mental illnesses are as old as humankind. Literature and the arts have been great repositories of daily life and culture from ancient times.The role of culture or civilisation in determining the prevalence of mental illness and the manifestations of psychopathology, the attitudes towards the sufferers and approaches to treatment is being increasingly realised. It is remarkable that the outcome of the disorders is more benign in the Eastern societies. To unravel these intricacies Chairs in Cultural Psychiatry are being established in many of the Western universities.

Any number of Western texts deal with the ancient Greco-Roman and the later Western civilisations and their relevance to present-day psychiatry. Many of the eminent mental health professionals like Professor Aubrey Lewis, Professor Leon Eisenberg and Professor Roy Porter to mention a few, come to mind in this context.

Tamil literature with a hoary past of over three thousand years or more is replete with descriptions of mental illness. Tamil Culture, one of the oldest and the richest in this part of the globe is unfortunately not recognised as such, even within the country. Its language, literature and various philosophies have described human behaviour and thought in all their diverse aspects, which have a particular meaning to psychiatry.

I was interested in the varied facets of these areas and made literary excursions, not as a scholar but as a lover of my mother-tongue. The results are a number of papers which I presented at our psychiatric conventions. Many of the listeners were non-Tamils and the many Tamil quotations used in my transcripts have their English translations from eminent scholars like G.U. Pope, Yogi Suddhananda Bharati, G. Vanmikanathan, P.N. Appuswami, K.M. Balasubramaniam and others to whom credit is given in the appropriate places.

What began as occasional papers read at Psychiatry conferences over four decades has turned out to be a veritable garden of vignettes when collected in the book form which could be read profitably by the lay public as well.There are likely to be occasional inconsistencies and overlapping subject-matter, for which I crave the indulgence of the readers.

Now I ask my readers to come with me into the garden of Tamil Culture and enjoy its beauties and fragrance. Let me advise you to make deeper incursions while I stay back and watch your progress.

O. Somasundaram

June 2005
Chennai.

CULTURE AND PSYCHIATRY

PSYCHIATRIC THOUGHTS IN THE TAMIL CULTURE

The significance of psychiatric thoughts in Tamil culture is brought forth with relevant historical and literary evidences: psycho-physiological aspects of emotions, descriptions of severely disturbed individuals, attitude of the society towards the mentally ill and epigraphic material describing hospital care of psychiatric patients in the first millennium are alluded. These references unravel the advanced psychiatric medical knowledge in the Ancient Tamil system of Medicine namely the Siddha system. The mythical origin of Siddha Medicine, attributes of the Siddhars (knowledgeable persons) and short biographical notes of eminent Siddhars like Agathiyar, Bogar, Therayar and Thirumoolar are cited. Ancient theories of etiopathogenesis, namely the Panchaboothas and Tridoshas are detailed. Agathiyar's descriptions, classification and treatment of mental illnesses and Yogi Siddhar's contribution to psychiatry require significant mentioning.

Two of the Presidents of Indian Psychiatric Society have discussed in detail Mental Health issues of Ancient India in great detail and erudition (Venkoba Rao, 1978; Shiv Gautam, 1999). Kutumbiah (1969) has discussed the same in his monograph. Mental disorders in particular have been considered by Deb Sikdar (1961) and Varma(1965). In all these writings the contributions of Tamil culture and the **Siddha** (Tamil system of medicine) system are not considered, due to the unfamiliarity of the writers with Tamil language, literature and difficulty in procuring the translations.Hence it is proposed to herewith discuss some of the aspects of Psychiatric Medical knowledge from this viewpoint. The **Siddha** System of Medicine is a contribution of the Dravidian culture, which is one of the oldest cultures in the world. Historical sequences in this context could be exemplified.

Tolkappiam literally *the Ancient Literature* (circa 1st century AD), probably the oldest extant text dealing with customs, habits, polity and grammar of the olden days, describes in detail the psycho-physiological aspects of human emotions. Emotions are classified in this text into eight types:

S.No	Tamil Word	Roman Script	English Meaning
1.	நகை	Nagai	Laughter
2.	அழுகை	Azhugai	Melancholy
3.	இளிவரல்	Ilivaral	Dejection & guilt, no desire for living
4.	மருட்கை	Marutkail	Wonder
5.	அச்சம்	Achcham	Fear
6.	உவகை	Oovagai	Jubilation
7	வெகுளி	Veguli	Anger, Resentment
8.	பெருமிதம்	Perumidham	Buoyancy, Elation

(For detailed description see Somasundaram 1991a & b.)

A Buddhist poet and philospher **Sathanar** wrote *Manimeghalai* in the second century AD. His scholarship extended not only to his mother tongue but also

to other ancient languages of India - Sanskrit and Pali, the language in which most of the Buddhist religious codes and logic were written. These principles were applied to the consideration of illusions, hallucinations and disorders of thought both form and content (Somasundaram, 1998). He also describes in another part of the classic the heroine Manimeghalai's encounter with a severely disturbed individual. The song unfolds describing her encounter with a madman on the way to the flower garden.

கணவிர மாலையின் கட்டிய திரள் புயன்
குவி முகிழ் எருக்கின் கோத்த மாலையன்
சிதவல் துணியொடு, சேண் ஓங்கு நெஞ்சினைத்
ததர் வீழ்பு ஒடித்துக் கட்டிய உடையினன்
வெண்பலி சாந்தம், மெய்ம் குழுது உரீஇ
பண்பு இல் கிளவி பலரொடும் உரைத்து-ஆங்கு
அழுஉம், விழுஉம், அரற்றும், கூஉம்
தொழுஉம், எழுஉம், சுழலலும் சுழலும்
ஒடலும் ஒடும், ஒரு சிறை ஒதுங்கி
நீடலும் நீடும், நிழலோடு மறலும்
மையல் உள்ள மகன்வின், வருந்தி
கையறு துன்பம் கண்டு, நிற்க நகும்.

Shoulders adorned with a garland of pink Allari
Neck adorned with a garland of bad-odoured Errukai flowers
Twigs of the mighty tree has he gathered
to hold together tatters on his person
his entire body smeared with white paste of ash and sandal
Talks he with others in a senseless blabber, he cries, he falls, he blurts
he shouts, he worships, he bellows, he gets up, he twists, he circles
he runs, he moves to a corner and lies down, he shouts
and picks up a quarrel with his shadow
And wearily behind the mad young man, who is hapless and functionless
The people stand around and gape at this tragedy.

From these lines we get a good idea of a catatonic schizophrenic's hypermotility and incoherence of thought and speech. We also notice the attitude of the public, which is one of compassion and desire to help. There is no sense of fear, frivolity or prejudice or stigmatization of the mentally ill (Somasundaram, 1987).

There is an epigraphic and historic evidence, dating back to the IX century AD, of residential care of the mentally ill. This inscription, found on the walls of the inner sanctuary of a temple dedicated to Lord Venkateshwarar at Thirumukkudal, Chingelpet District, Tamil Nadu dating from the reign of Veera Rajendra Deva, mentions a hospital, a school and an account of expenses for maintaining the hospital and the festivals of the deities. This Veera Choleshwara hospital contained 15 beds with a physician-surgeon, 2 male and female nurses, servants, a gatekeeper, a washerman and a potter comprising the team. The duty of the male nurse was to bring herbs and firewood and prepare medicines while the female nurse administrated doses of medicines, fed the patients and attended to the cooking. There was no

specific mention about the segregation of the psychiatric patients (Subba Reddy, 1971).

For a long period in the history of ancient India, the Tamil Siddha Medicine flourished in the South, side by side with the Sanskrit Ayurvedic Medicine in the north. The origin of the Siddha system is shrouded in Mythology, Tradition and Religion. Its mythical origin is as follows: according to tradition it was Lord Shiva who unfolded the knowledge of the Siddha system of medicine to his Consort Parvathi, who in turn handed it down to Nandideva and finally passed from him to the Siddhars (Knowledgeable persons).These Siddhars were men of erudition, who had attained 'Ashtama Siddhis' by mastering the eight mystical powers:

- ANIMA — Shrinking to a speck
- MAHIMA — Burgeoning
- ELAKIMA — Assuming weightlessness
- KARIMA — Becoming leaden & ponderous
- PRAATHI — Flight to fanciful places
- PRAGAMIMUM — Transmigration into another body
- ESATHUVAM — Walking on water
- VASITHUVAM — Assuming leadership; charming, attracting others.

All of them were humanists interested in the welfare of the living things and focused their interests in curing ailments and practicing medicine. Interested in rejuvenation and longevity (*Kayakalpam*) they prepared medicaments with herbs, metals, poison and other esoteric materials. They displayed keen interest in astrology & astronomy so that therapies could be started at an auspicious time with the favour of the stars. Masters in yoga and meditation, they extolled the curative efficacy of these therapies The Siddhars belonged to a school of great knowledge that originally consisted of 18 members known as **Nandivarga Siddhars**. **Sage Agathiyar**, who was the Chief of the Siddha School, was a celebrated philosopher, grammarian and physician. Some of his works are still standard textbooks of medicine in daily use for practitioners of Indian Medicine. The *Kirigainool* (*Diseases of mind - types and treatment*), *Mayanavathi* (*Science of Optics*), *Balavadagam* (*Treatment of common & serious diseases of children*) and *Vaithiya Vallathi* (*Pharmacy*) are some of his significant titles. Biographical notes of other important Siddhars are:

i. **Bogar** was considered to be a Chinese philosopher who came to South India to learn Medicine. The *Pharma Cognosy* is the best of his treatises; other works are on yoga, archery and a medical glossary.

ii. **Theraiyar** was one of the 18 Siddhars and a disciple of Dharma Sowmiyar. He mostly suited the attributes of a Buddhist monk. His books *The Materia Medica, The examination of urine for clinical investigation* and *The Preventive Medicine* are the best of his contribution. The lucidity and style of the language demonstrates his versatility in the subject.

iii. **Thirumoolar** was the first Siddhar who introduced fundamental philosophical ideas in the field of medicine. His contributions to yoga and meditation in the treatment of human illnesses is outstanding. His classic work, The *Thirumandiram*, is the canon of Saivaite literature. He is one of the 63 apostles of Saivite Nayanars.

Ayurvedha and Siddha system of medicine could be considered as two faces of the same coin because their concepts of etiopathogenesis were similar, they probably modified each other. In this connection we could mention the concepts of Panchaboothas (5 elements) and Tridoshas (3 morbid humors).

Macrocosm vs microcosm Man (microcosm) is regarded as the *Epitome of the world* (macrocosm); for what exists in the world of nature, Appu (water), Thee (fire), Vayu (wind), Piruthivi (earth) and Ahasa (ether), is contained within man (Balaramaiah,1980). This is reflected in the very ancient Sangham literature.

மண் திணிந்த நிலனும்,
நிலம் ஏந்திய விசும்பும்,
விசும்பு தைவரு வளியும்,
வளித் தலைஇய தீயும்,
தீ முரணிய நீரும், என்றாங்கு
ஐம்பெரும் பூதத்து இயற்கை போலப்
போற்றார்ப் பொறுத்தலும், சூழ்ச்சியது அகலமும்
வலியும், தெறலும், அளியும் உடையோய்!

The land elemental Earth compact
The Ethereal Sky, which that land holds high
The Air, which scours the sky's expanse
The Fire, which leaps up in that air
The Water, which fights the scorching fire
These are the five primordial elements
Your inherent nature, O Glorious king! *PURANANURU*, 2.
(Translation by Appuswami 1987)

The other important concept which forms the basis of diagnosis, pathology and therapeutics in Ancient Indian Medicine is the *Doctrine of the Mukkutrangal,* namely the tridoshas - *Vata, Pitha & Kapha* (*Wind, Bile, Phlegm*). How the Tridosha theory developed from the five bhutas is detailed by Kutumbiah (1969). This notion of the three morbid humors finds its place in one of the earliest and well-known Tamil classics *Thirukural* (Circa 2nd century BC)

Three things, beginning with wind, say the experts
in excess or lacking cause disease.

Based on these concepts Sage Agathiyar has detailed psychotic, emotional and behavioral disturbances in his treatise called the *Kirigainool.* He classified the clinical variety of mental illness based on the phenomenology.

Although given separate names, the majority of the descriptions apply to the disturbed, excited, deteriorated and severely mentally ill.

Attempting to classify the description using Kraepelinian phenomenology is as follows:

Tamil Terms	English Terms
CATATONIC WITHDRAWAL	
Vaada Kirigai	Fearful insanity
Sletpana Kirigai	Phlegmatic insanity
Alar Kirigai	Shouting insanity
Moodu Kirigai	'Light-headed' insanity
CATATONIC EXCITEMENT	
Munangal Kirigai	Muttering insanity
Valippu Kirigai	Convulsive insanity
Peiyapidi Kirigai	'Possessed' insanity
CHRONIC SCHIZOPHRENIA	
Anal Kirigai	Flaming insanity
Pitha Kirigai	Bilious insanity
Echil Kirigai	Spitting insanity
Booda Kirigai	Demoniacal insanity
Jalal Kirigai	'Water-loving' insanity
Kalleri Kirigai	Stone-throwing insanity
Kumbidu Kirigai	Saluting insanity
MANIC EXCITEMENT	
Naddavindu Kirigai	Masturbatory insanity
Mohini Kirigai	Erotic insanity
Maruttu Kirigai	Menacing insanity
Neerkudi Kirigai	Water-drinking insanity

The individual descriptions of these types of mental illnesses will be found in another paper (Somasundaram et al., 1986). The various behavioral and emotional abnormalities of the major mental illnesses are aptly described.

It should be mentioned here that it is not always possible to give the English equivalents for the various types of insanity listed by Agathiyar in his treatise. Some types of illness are based on supposed aetiology, for example *Bilious insanity, Phlegmatic insanity,* etc. Most of the types are based on symptoms

like excessive water drinking, spitting, menacing; some of them are based on behavior, for example erotic insanity, light-headed insanity etc.

Treatment of mental illness

In *Manidar Kirigai Nool-64* Agathiyar describes 18 varieties of medicine for the clinical varieties. The pharmacopoeia include favorite oils, various herbals and esoteric animal preparations.

According to the route of administration of the medicine he divided them into 6 groups:

Tamil terms	English terms
Thuvalai	Anointing, External application
Vedu	Fumigation
Ulluku Koduthal	Oral route
Nasium	Nasal application
Kalikkam	Ocular application
Mandiram	Psychotherapy

Stress related disorders (Neurotic disorders) are elaborately dealt by Yoogi Siddhar in his contribution the *Yoogi Chintamani 800*. This book deals elaborately with both physical and mental illnesses. It describes functional psychoses, neuroses, somatoform disorders and toxic psychosis etc.

The catatonic withdrawal symptoms are described under the heading Veri Azhal Noy and Thamadha Azhal Noy. The symptoms of catatonic excitement are described in Peruiya Noy. Chronic Schizophrenia is described in Moodu Pitham. Manic excitement is described in stanzas under the heading Azhal Pitham, Odu Pitham, Markeya Pitham and Veri Iyam.

The understanding of human emotions, behavior and the associated psychopathology was in an advanced stage in the Tamil land and comparable to the other ancient cultures of the world. The phenomenology could be easily fitted to the modern notions.

The treatment though appearing rather esoteric has found significance after some of the recent discoveries, especially the usefulness of the natural herbs in the treatment of hepatitis, is widely accepted and prescribed in all parts of the world. Treatment of HIV related complexes appear promising, as recent studies have revealed from the T4 cell count increase after treatment with some Siddha medications.

It is worthwhile to peruse these Siddha literatures and their pharmacopoeia so that similar discoveries could be made in our specialty.

REFERENCES

Anandan, T. (1983): Siddha Medicine on Mental Diseases. In: Heritage of Tamils Siddha Medicine, Editors: Subramaniam S.Y, Madhavan, V.R., International Institute of Tamil Studies, Madras.

Appuswami, P.N.(1987): Tamil verses in translation. International Institute of Tamil Studies, Madras.

Balaramiah, V. (1980): The Greatness of Siddha Medicine. Madras.

Deb, Sikdar, B.M. (1961): Glimpses of Medico-psychological practice in Ancient India. Indian Journal of Psychiatry, 3:250-259.

Gautam, Shiv (1999): Mental Health in ancient India and its relevance to Modern Psychiatry. Indian Journal of Psychiatry, 41:5-18.

Kutumbiah, P. (1969): Ancient Indian Medicine. Orient Longman, Madras.

Somasundaram, O. (1987): Presidential Address: The Indian Lunacy Act 1912, The Historic Background. Indian Journal of Psychiatry, 29:3-13.

Somasundaram, O. (1991a): The Tamil Anatomy of Melancholy, Indian Journal of Psychological Medicine, 14:97-101.

Somasundaram, O. (1991b): The Tamil Anatomy of happiness, anger, fear and bewilderment. Indian Journal of Psychological Medicine, 14:65-67.

Somasundaram, O. (1998): The Psychopathology of perceptions and reasoning - Viewpoints of the Manimeghalai, Indian Journal of Psychological Medicine, 21:65-67.

Somasundaram,O.,Jayaramakrishnan,T.& Sureshkumar,M.(1986): Psychiatry in Siddha (Tamil) system of Medicine. Indian Journal of Psychological Medicine, 9:38-45.

Subba Reddy, D.V. (1971): Museum guide, Part II: Indian Medicine. Institute of History of Medicine, Hyderabad.

Sundaram, P.S. (1990): The Kural, Thiruvalluvar. Penguin Classics, New Delhi.

Varma, L.P. (1965): Psychiatry in Ayurveda, Indian J. of Psychiatry 7, 292.

Venkoba Rao, A. (1978): Psychiatric thought in Ancient India. Indian Journal of Psychiatry, 20,107-119.

RELIGIOUS TREATMENT OF MENTAL ILLNESS IN TAMIL NADU

Some of the beliefs and customs prevailing amongst the modern men have their origins in the pre-historic times. Diseases, either physical or mental, were not considered as arising from natural causes. Diseases were invariably viewed as the result of malevolent influence exercised by a God or supernatural being; or by another human being, alive or dead.

As Guthrie (1958) puts it:

Disease is a magical or magico-religious rather than a natural phenomenon.

As a corollary it followed that the treatment of illnesses should be in the hands of priests and other religious men very near to the Gods and mostly in and around the temple precincts. The curious practice of divination i.e. looking at the sacrificed sheep's liver for cues for diagnosis and prognosis of illnesses was prevalent among the Babylonians, who gave to mankind the famous **Code of Hammurabi** (1948-1905 BC).

Incubation or Temple Sleep was practised by the ancient Egyptians. The temples were those of Imhotep, the God of Healing. He was a famous physician and vizier to a Pharaoh, who was later apotheosed. More is known about the Temple Sleep in the Asklepieia, *the temples of Aesculapius* (Asklepios), the Greek God of Healing. His temples were found in many parts of Greece and the temple at Epidaurus was the most popular one. The details are given by Guthrie; the patients on arrival to Asklepieia were expected to *make a sacrificial offering,* and to purify themselves by bathing. Then they lay down to sleep in the *abaton,* a long colonnade open to the air at each side. During the night Aesculapius appeared in a dream and gave advice, or in certain cases performed an operation, and in the morning the patients departed cured.

Among the Hindus whose religion is very much alive today unlike the ancient religions mentioned above, the temples continue to play an important role not only as places of worship but also for religious cures for bodily and mental illnesses. Tamilnadu is renowned for many of its ancient temples and some of them specially attract people suffering from psychiatric disorders.

GUNASEELAM

The Vaishnavite shrine at Gunaseelam is on the northern banks of the Cauvery, 14 miles away from Trichy, on the Trichy-Salem Road. The Saivite shrine at Thiruparaithurai is on the opposite bank of the river. The presiding deity is Sri Prasanna Venkatachalapathy. Worshippers consider Him as powerful as the Lord of Tirupathi.

Legend has it that the Lord appeared before Gunaseela Maharishi with the promise to cure all illness of those who worship at this shrine. The majority of the visitors to this temple are those suffering from neurotic and psychotic disorders. A short stay in this place is also advised for people with difficulties in marriage, upsets in business etc.

The length of the stay here is in terms of Mandalams (48 days) and it depends on the severity of the illness. Advice on treatment is usually given by the temple priests. The duration of stay may also be communicated during the first puja by a visitation of the God. After a bath in the Cauvery, which flows nearby, patients are taken to the temple for the dawn, noon and midnight pujas. Worshippers are not permitted the use of intoxicants like alcohol, coffee, tea or tobacco. Sexual indulgence is prohibited. Food is permitted only after Puja and here also not after the midnight Puja. A light moderate diet is advised. During the course of treatment no break in the stay at the temple is allowed. Family members can usually be with the patient. There are many choultries in this place which charge moderately. Some interesting features here are that women are not allowed to wear flowers or use aromatics. They should avoid the temple during their menstrual periods. An interesting piece of advice given to the worshippers is " Do not blame God if you are not cured, the disease you suffer is a divine retribution."

THIRUMURUGANPOONDI

This shrine dedicated to Lord Muruga is in the Coimbatore District 27 miles away from the town. This is an ancient temple built about a thousand years ago by the Kodkaicholan, Vikrama I. The deity here is Lord Muruganathaswami. This temple is supposed to have been visited by the important Saivaite Nayanmars. According to legends, Lord Subramania with the assistance of His divine lieutenant Viravahu fought a terrible battle with the Demon King Soorapadman. his brothers and sons. Following this the Lord could secure the release of the various Devas and their Chief Indra. Unfortunately the Lord was plagued by Brahmahathi for the sin of killing a Brahmin. We should recall at this juncture that the Demon King and his brothers were born of the union between Sage Kashyapa, the son of the Lord Brahman, and the Demon Maya.

Lord Shiva then advised His son to propitiate Him (the father) in this shrine. So Lord Muruga worshipped Shiva in the form of a Sand Linga. With the passing of time this shrine has attracted many people suffering from nervous and mental illness, and it is believed that they can find a cure here. The patients stay here for Mandalams or for a fraction thereof. Their stay and other arrangements are supervised by the temple authorities. Small residential cottages are available. There are three tanks or Thirthas here; the Brahma Thirtha, the Gnana Thirtha and the Subramania Thirtha. The sick person is given a bath every day in these sacred tanks under supervision and then taken around the temple. The river Thirunallaru flows close-by.

ANUMANTHAPURAM

The shrine of Anumanthapuram is at a distance of 12 miles from the town of Chingleput. Surprisingly, this shrine has nothing to do with that great devotee of Lord Rama. Actually the place is named Aran Amaranathapuram, which in Tamil means *the Lord Shiva's Abode.* This name in practice has been corrupted into the present one. The deities worshipped here are Badrakali and Akora Virabadreswaran. These mythological characters are. believed to have played an important part in the great episode of Daksha Yagna.

To recount the tale, Daksha was the great King, father of Dakshayani. He did not approve of her marriage to Lord Shiva and planned to insult the Lord in the midst of Devas and other Gods. Daksha performed a yagna but did not render the first offering to Shiva. When his daughter came to the yagna uninvited and without the approval of her husband, she was not welcomed in her father's home. Greatly humiliated, she returned to the Lord. Lord Shiva in a fiery rage created a Virabadran from a spark of his eye. This creation was a thousand headed monster with innumerable arms and he was ordered to go and destroy the yagna. Instead of Dakshayani, Badrakali was ordered to accompany Virabadran. Both of them went to the place of the yagna and tried to persuade Daksha to see reason, be just and to offer the Lord's due. More insults followed and in their uncontrolled wrath, there was tremendous destruction. It is not surprising that the deities created by the Lord and His consort are considered very potent in driving away evil sprits and influences. One does not see Shiva's shrines at Anumanthapuram but the local people believe that it once existed, and its ruins have been incorporated in the temples. Psychiatric patients visiting Anumanthapuram stay in various rest houses near the temple. After a dip in the temple tank they go to each of the temples and perform pujas.

THIRUVIDAIMARUTHUR

In the District of Thanjavur, 6 miles from Kumbakonam is another famous Hindu shrine, the Saivite shrine of Thiruvidaimaruthur. It gets its name from its sacred tree (Sthalavirusha Maruda Tree). This place is known in Sanskrit as Mathiarjunam. The deity is worshipped in the form of a Linga known as Mahalingam. It is appropriate to mention here the widely prevalent western notion that a Linga is a phallic symbol. This naive view is totally unacceptable to many Tamil and other scholars. The front rank Tamil scholar, Swamy Vedachalam, more popularly known as Maraimalai Adigal considers that the name Shiva comes from the Tamil word for red, which describes the colour of the flame. He points out the connection between Rudhra-Reddy-Red. He traces the origin of Lord Shiva worshipped by the pre-Vedic Indian People, the later worship of Agni by the Vedic Aryans, and the still later integration of Lord Rudra, the God of destruction, with the present Lord Shiva. Pillai has this to say with regard to the Lingam: *In the conception of Shiva lingam, the Hindu silpi surpassed himself*. According to him the Shiva lingam consists of three parts: a square, at the bottom, and an octagon in the centre and a

cylinder with a spherical end at the top. The square portion represents Brahma the Creator, the octagon represents Vishnu the Protector, and the round portion which vanishes at the top even without a point represents Shiva. It is from the formulas of the crude stone that an expert mason fashions out the square, and it is by the chipping off the corners of the square that he makes the octagon and it is by rounding off all the eight corners that he makes the circle. Hence the Shiva lingam represents evolution, existence and involution, with the equivalent of which every Hindu has on his tongue as Sryshti, Sthithi and Sammaram. It is a highly symbolised and spiritually conceived image of Shiva Linga that the Western writers and their Eastern followers designate as phallus. The Hindu silpis were experts in delineation. It is doubtful if anybody else has given as much attention to detail and expression, as they have done. The masters of Greece would have no doubt given more attention to beauty and symmetry, but as far as stylised expression goes, the Hindu artist has never been surpassed.

There are two interesting legends connected with the cure of mental illness at this shrine. One refers to the Pandya King Varaguna. While he was riding a horse in his capital Madurai, a Brahmin was trampled under its hoofs. Varaguna was subsequently plagued by Brahmahathi. He visited many temples in his domain but without effect. Finally he was advised to go to this temple in the Chola kingdom. Varaguna defeated the Chola king. He was advised to enter the temple at Thiruvidaimaruthur through the eastern entrance, worship the great Lord and leave the temple through the western gate. The Brahmahathi followed him, stood outside the sanctum sanctorum, but was unable to follow the king further. The king left the temple through the western gate, but the Brahmahathi still waited in the eastern gate to attach himself to anyone coming out of this gate. This tradition still persists and we enter the temple through the eastern gate but nobody uses it to leave the temple. Another legend refers to the Chola king Anjothuvajan. He requested his young Brahmin friend to visit the sacred shrines in the north including the temple of Sri Viswanatha at Kasi. When the friend was reluctant to go as he had a young wife, the king promised to look after her in his absence. The king kept a strict vigil over her without her knowledge. One evening the husband returned and as it was too late in the evening to see the king, he returned home and was with his wife. The king who came to watch over his friend's wife as usual, could not identify his friend after his long journey. The king mistook him for a lover and killed him. The mistake was realized but too late. The repentent king, now followed by the Chola Brahmahathi visited the various temples till he came to this temple.

The Thiruvidaimaruthur temple is a huge and impressive one, built by the Chola king Virachola. It is now under the control of the Thirupananthal Mutt and has been recently renovated.

SHOLINGHUR

This is a small town in the district of North Arcot, 17 miles west of Arkonam Junction. The name is an abbreviation, of Cholasimhapuram. This place is as fertile as the Chola land. It is dedicated to Narasimhamurthy. The shrine here had been visited by the great alwars, Thirumangai Alvar and Peyalwar. Lord Vishnu in his Avathar of Narasimhamurthy killed Hiranyakashipu, the Demon king, but his wrath did not subside. Even His consort Lakshmi could not approach him. Brahma suggested that the great Bhaktha Prahalada, who was the son of the dead Demon king could appease the Lord's anger and when Prahalada paid obeisance to the Lord, His anger subsided. Legend has it that the tranquil form of the most ferocious Avathar, Yoga Narasimhamurthy, gave his dharsan for a while (the unit of the time being known in Tamil as Kadigai) on the hill of this place. Therefore, this place is known as Kadigachalam. It is said that Hanuman with the divine weapon of chakra, and the king Indrathumnan relieved this region from the clutches of the demon Kumbakarnan. The deities of Yoga Narasimhamurthy and Yoga Anjaneyar are to be found on the tops of two steep hills, the Periyamalai and the Chinnamalai (i.e. the big and small hills). People suffering from various mental and nervous illness and persons with unfulfilled ambitions, visit the shrine. The regulations here are almost similar to those at Gunasheelam, the Vaishnavite site already described. The ritual consists of going to the hill tops in the morning on an empty stomach and going round the deity (Pradakshinam) hundred and eight times. Another visit is made to the other hill top in the afternoon with the same ritual. The minimum period of stay is quarter of a mandalam (48 days). The restrictions here are on intoxicating drinks, sex and also on food at night. The patients visiting the temple usually sleep within the temple precincts. If, in their dreams, they have a vision of the presiding deity, it is considered a good omen and an indication that the patient is cured and that he can conclude his puja at the temple.

DISCUSSION

Among the Hindus there is a widely prevalent and powerful belief that all illnesses can be cured by prayer and worship at certain temples. Similar beliefs are current among followers of other religions also. This faith acts as a powerful suggestion in effecting cures when these patients visit certain temples, where the presiding deity is reported to have curative powers. We have described the legends and rituals of some of these temples, but our list is necessarily incomplete.

Certain group factors are among those operating in effecting a cure. The patients stay with their families, in a familiar milieu, and enjoy the advantages of sympathetic home care. The interactions between families with similar problems also serve to clarify several doubts and to strengthen the belief in the efficacy of the treatment.

The temples probably employ a method similar to the total push. The patients are kept engaged almost continuously from morning to midnight. The ritual involves considerable strenuous physical exercise, by way of climbing, pradakshanams etc. usually done on an empty stomach. This roughly corresponds to modified insulin therapy.

All these shrines abound with temple tanks (*Thirthams*). Frequent baths in these tanks and the continuous pouring of the holy water from the tanks have a physiological role in treatment. Hydrotherapy as one form of treatment needs no further elaboration here.

REFERENCE

Guthrie, D. (1958): A History of Medicine. Thomas Nelson and Sons, Ltd., London.

ATTITUDES AND TREATMENT OF THE MENTALLY ILL IN TAMIL NADU

Let us go down the lanes of Psychiatry to retrieve the earliest concepts. In Shakespeare's Hamlet there is an interesting discussion on Hamlet's disturbed behaviour between the King and Polonius:

> ... what duty is,
> Why day is day, night night, and time is time
> Were nothing but to waste night, day and time
> Therefore , since brevity is the soul of wit
> And tediousness the limbs and outward flourishes
> I will be brief: your noble son is mad
> Mad call I it; for to define true madness
> What is't but to be nothing else but mad?
> That he is mad, 'tis true 'tis pity
> And pity 'tis 'tis true: a foolish figure
> But farewell it, for I will use no art
> Mad let us grant him, then; and now remains
> That we find out the cause of this effect
> Or rather say, the cause of this defect
> For this effect defective comes by cause
> Thus it remains, and the remainder thus.

William Shakespeare
Hamlet, Act II, Sc.II.

Without proceeding further I will refer the listener to the erudite exponentiations of Bucknill (1867) and Slater (1979) on *Hamlet*.

We find evocative descriptions of a madman in the ancient Buddhist literary work in Tamil, *Manimekalai* (II Century A.D), the poem by Sathanar unfolds Manimekalai's encounter with the madman she meets in the garden:

> கணவிர மாலையின் கட்டிய திரள் புயன்
> குவி முகிழ் எருக்கின் கோத்த மாலையன்
> சிதவல் துணியொடு, சேண் ஓங்கு நெஞ்சினைத்
> ததர் வீழ்பு ஒடித்துக் கட்டிய உடையினன்
> வெண்பலி சாந்தம், மெய்ம் குழுது உரீஇ
> பண்பு இல் கிளவி பலரொடும் உரைத்து-ஆங்கு
> அழூஉம், விழூஉம், அரற்றும், கூஉம்
> தொழூஉம், எழூஉம், சுழலலும் சுழலும்
> ஓடலும் ஓடும், ஒரு சிறை ஒதுங்கி
> நீடலும் நீடும், நிழலோடு மறலும்
> மையல் உள்ள மகன்வின், வருந்தி
> கையறு துன்பம் கண்டு, நிற்க நகும்.

Shoulder adorned with a garland of pink Alari
Neck adorned with a garland of bad-odoured Erukkai flowers
Twings of mighty tree has he gathered to hold together
tatters on his person, his entire body smeared with white paste of sandal
Talks he with others in a senseless blabber, he cries, he falls
He blurts, He shouts, he worships, he bellows, he gets up, he twists
he circles, he turns, he moves to the corner and lies down, he shouts
And picks up a quarrel with his shadow
And wearily behind the mad young man who is hapless and functionless
The people stand round and gaze at this tragedy.

From these lines we get a good idea of a catatonic schizophrenic's hypermotility, incoherence of thought and speech. We also notice the attitude of the public, which is one of compassion and desire to help. There is no sense of fear, frivolity or prejudice of the mentally ill.

The care given to the mentally ill in this part of the country can be gleaned from the epigraph dating back to IX century A.D. This inscription found on the wall of Lord Venkateswara at Thiru Mukkudal, Chinglepattu District, Tamil Nadu dating to the reign of Veera Rajendra Deva mentions the hospital, the school and the accounts of expenses for maintaining the hospital and the festivals of the deities. The Veera Choleswara Hospital contained 15 beds with a physician-surgeon, two male and two female nurses, servants, gate keeper, washerman and a porter comprising the team.

The institutionalized care of the mentally ill in the erstwhile Madras city of the East India Company was patterned on that of the asylums existing in Great Britain. This period of psychiatric history is quoted by Thiru Justice W. S. Krishnaswami Naidu who was the President of the Hospital Advisory Committee 1977 – 1981, Government Mental Hospital and Institute of Mental Health, Madras in his book ***Old Madras***:

The Beginnings Of The Hospital

As early as 1794 the present site in Purasawalkam wherein the Mental Hospital is located was obtained by grant by Dr. Valentine Conolly who was the Secretary of the Hospital Board. Forty-five acres of land at a nominal quit rent of 51 pagodas per annum were granted. The Mental Hospital which was till recently known as the Lunatic Asylum was originally a private institute, run by Dr. V. Conolly and it was only later it came under Government control. It was within the limits of Purasawalkam which is then referred to as 'Poorshewak' that the first hospital for natives was founded and completed in 1799. The offer came from another surgeon Dr. John Underwood who got a grant of 30 cawnies of land who initially invested the required funds and the hospital was run under the management of a committee of Englishmen. Even at the inception, a separate ward for Brahmins was constructed which testifies to the regard shown to the religious

susceptibilities of the natives. The hospital was later amalgamated with the Monegar Choultry Hospital in the latter part of the nineteenth *century*.

Further developments of the Institute are covered in my book (Somasundaram 2004).

REFERENCES

Somasundaram, O. (1987): The Indian Lunacy Act 1912, The Historic Background. Presidential address at the Indian Psychiatric Society Annual Meeting at Calcutta. Indian Journal of Psychiatry 29(1) 3-14.

Somasundaram, O. (2004): The Government Mental Hospital, Kilpauk Madras: Memoirs of the Fifties. Published by the author, Chennai.

SUICIDE BEHAVIOUR IN THE ANCIENT CIVILIZATIONS WITH SPECIAL REFERENCE TO THE TAMILS

Suicide behaviour has attracted attention not only from the professionals but also from writers, poets and philosophers of all times and all cultures. Here the authors describe the suicide behaviour found in the great Tamil classic of the Sangham period - PURANANURU, an anthology of the 11 century A.D. The incidents relate to the self-immolation of Queen Perum Koppendu on the death of her husband, the fast unto death of the Chera king when insulted by the prison guard and the suicides of important kings and poets after bereavement.

Suicide is as old as the human race, it is probably as old as murder and almost as old as natural death (Zilboorg, 1937). The suicide behaviour of the pagan races of the Graeco-Roman civilizations and the following Judaeo-Christian peoples are well-reviewed by Alvarez (1971).

The first literary Greek suicide - that of Jocasta, the mother of Oedipus is made to seem praiseworthy. Many of the characters of Homer also commit suicide: Aegeus threw himself into the sea (now known as the Aegean sea). Lycurgus, the law-giver of Sparta starved himself to death.

The above are only a few instances of the many such ones which all had one quality in common: a certain nobility of motive: grief, high patriotic principle or to avoid dishonour.

Aristotle considered suicide an act of social irresponsibility. The long list of Greek suicides include those of Cato, Socrates, Zeno, the founder of Stoicism, Demosthenes and Seneca. The Greeks obtained the official sanction to abandon life from the Senate: Let the unhappy man recount his misfortunes, let the magistrate supply him with the remedy, and his wretchedness will come to an end.

Toleration of suicide had been turned by the Romans into a high fashion; to live nobly also meant to die nobly and at the right moment.

According to Justinian's digest, suicide of a private citizen was not punishable if it was caused by 'impatience of pain or sickness or by weariness of life, lunacy or fear of dishonour.' The Roman list includes amongst others, Brutus, Cassius, Mark Antony and Cleopatra.

In the earlier stages of the Judaeo-Christian religions, the same tolerance, many times admiration and even encouragement of suicidal behaviour continued for a number of centuries. The Christian teaching was at first a powerful incitement to suicide: early Christian martyrs actually provoked the persecuting Romans to 'behead, burn alive, fling from cliffs, roast on gridirons and hack to pieces'.

Neither the Old Testament nor the New Testament directly prohibit suicide: *there are four suicides recorded in the Old Testament - Samson,* Saul, Abimelech and Achitophel and none of them earns adverse comment. In the New Testament the suicide of even the greatest criminal, Judas Iscariot is recorded.

The lust for martyrdom reached its zenith in the cult of the Donatists who deemed it of little moment by what means or by what hands they perished.

In the sixth century A.D., the Church actually legislated against suicide. St. Augustine argued thus: since life itself is the gift of God, to reject it, is to reject Him and to frustrate His Will, to kill His image is to kill Him which means a one-way ticket to eternal damnation. In the subsequent centuries the greatest insults and dishonour were heaped on the suicidee, his corpse and his family.

Dante devoted one of the grimmest Cantos of the *Inferno* to the suicidees. In the seventh circle, below the burning heretics and the murderers stewing in their river of hot blood, is a dark, pathless wood where the souls of the suicidees grow for eternity in the shape of warped poisonous thorns.

Turning our attention to the contemporaneous civilizations in the Indian subcontinent, we find the matter discussed by Rao (1983). He has also discussed the suicide behaviour in the *Ramayana*, the first Epic of India (1986). The other great civilisation, that of the ancient Tamils could not find a place in these references due *to obvious reasons - many* of the classical references are available only in Tamil.

The early Tamil literature is known as the **Sangham** literature or the *literature of the Academies.* The anthologies and other poetical works compiled by the third and the last of the academies which existed in Madurai are only available to us. It is safe to assume that these must have been composed between 100 B.C. and 300 A.D. (Srinivasan, 1968).

The Sangham classics fall into two sections - **Aham** and **Puram**. Aham or subjective poetry deals with love whereas Puram or objective poetry is concerned with war and other external activities. Man's heroic achievements and noble deeds in the affairs of the world find their greatest expression in Puram (Desikan, 1968).

The anthology, *Purananooru belongs to the latter group.* The Sangham classics give us a series of pictures of the social life of the age: *Purananooru* is a veritable treasure house for students of early Tamil history, as it contains a wealth of information about ancient Tamil life, their customs and manners and all couched in glorious poetry.

From this Tamil work we propose to study the suicide behaviour of the ancient Tamils.

I. Suicide by starvation of the Chera king

The Chera king Cheraman Kanaikal Irumporai ruled the Chera country (now Kerala) in the early centuries of the Christian era. He was a valiant warrior with a number of victories to his credit. But he was defeated and taken prisoner by the Chola king, Chenganan and imprisoned in Kudavoil Kottam (the present day Kumbakonam).

When the Chera king felt thirsty, he asked the prison guard to fetch him water to drink. The guard procrastinated and brought water in a can and gave it to him. The discourteous behaviour deeply offended the great king and he felt so gravely that he discarded it and undertook a fast unto death. During this period he composed the great poem which forms the 74th stanza of the great work.

குழவி இறப்பினும், ஊன்தடி பிறப்பினும்,
'ஆஅள் அன்று' என்று வாளின் தப்பார்;
தொடர்ப்படு ஞமலியின் இடர்பதுத்து இரீஇய
கேளல் கேளில் வேளாண் சிறுபதம்,
மதுகை இன்றி, வயிற்றுத்தீத் தணியத்
தாம்இரந்து உண்ணும் அளவை
ஈன்ம ரோ, இவ் உலகத் தானே.

Deformed and still-born the child may be; yet it is buried with
A sword wound on the chest in my valourous clan
Chained like a dog by the foe
Without dignity having to beg for food
To appease the gnawing hunger
Will the people ever hail my deed?

It would be noted that like some of the other ancient civilizations death without receiving a wound in a battle is considered ignominy and wounds were actually inflicted on aborted foetuses and others who died a natural death before their funerals. The king's behaviour could be compared to that of any of the ancient Greek or Roman warriors who placed honour before death. This suicide falls into the category described by Durkheim as **optional altruistic suicide** (Durkheim, 1952).

II. Self-immolation by the Pandyan queen on the death of her husband

Queen Perum Koppendu, the wife of a famous Pandyan king Bootha Pandyan (after whom we have the town Bootha Pandi in Kanyakumari district) came from a noble family of warriors. At the untimely death of her husband, she was getting ready to commit self-immolation on the funeral pyre of her husband. As the Pandyan king was heirless, the elders of the court attempted to dissuade her from her intentions. The spirited reply of the undaunted queen becomes the 246th stanza of *Purananooru*.

பல்சான் றீரே! பல்சான் றீரே!
செல்கெனச் சொல்லாது, ஒழிகென விலக்கும்,

பொல்லாச் சூழ்ச்சிப் பல்சான் றீரே!
அணில்வரிக் கொடுங்காய் வாள்போழ்ந் திட்ட
காழ்போல் நல்விளர் நறுநெய் தீண்டாது,
அடைஇடைக் கிடந்த கைபிழி பிண்டம்,
வெள்என் சாந்தொடு புளிப்பெய்து அட்ட
வேளை வெந்தை, வலிசி ஆகப்
பரற்பெய் பள்ளிப் பாயின்று வதியும்
உயவற் பெண்டிரேம் அல்லேம் மாதோ;
பெருங்காட்டுப் பண்ணிய கருங்கோட்டு ஈமம்
நுமக்குஅரிது ஆகுக தில்ல; எமக்குஎம்
பெருந்தோள் கணவன் மாய்ந்தென அரும்புஅற
வளிஇதழ் அவிழ்ந்த தாமரை
நள் இரும் பொய்கையும், தீயும் ஒர்றறே!

Hearken! Hearken! Oh the learned
Without egging me on thou restrain
Trying to trap me into widowhood are you
Not in the mattress but to lie on the rocky floor
And to eat the slushy food instead a rich meal
Which to me is but the cooling waters of the lotus pond.

This pathetic scene was witnessed by another *Purananooru* poet, who bemoans the sacrifice of the noble queen:

With the water streaming down the cascading hair
And tear-laden eyes sobbing at the sight of her funeral pyre
In the town of eternal victorious drum beats
Intolerant even for a short separation from her beloved
Alas, she offered her charming youth
As sacrifice into the fire.

This practice of *self-immolation* of the widow on the funeral pyre more popularly known as Sati was known by the name Thee-Paithal (literally, plunging into the fire) in ancient Tamil Nadu.

Three courses were open to the ancient Tamil women on the death of their husbands.

a. *Some of them died immediately* out of acute grief. The classic example was the death of the Queen of the Pandyan king Nedunchezian who unjustly and impulsively sentenced Kovalan to death (the subject matter of the great Tamil epic *Silappadikaram or the story of the anklets*). Some of the wives of the warriors who were killed in the battle entered the field and laid their husbands heads in their laps, wailed and died instantaneously. This type of death is portrayed for Mandothari, *the wife of the demon-king* Ravana by the Tamil Poet Kambar.

b. The practice called Sati became more prevalent *in the later centuries and* pained *the great* humanist, Raja Ram Mohan Roy. In 1917, 706 widows

killed themselves in the one province of Bengal and in 1821, 2,366 Sati incidents were reported in India (Durkheim,1952). Lord William Bentinck, the then Governor General of India brought legislation against this practice in 1828. Unfortunately this brutal practice could not be eradicated even in independent India. There were 28 Sati incidents and 124 Sati festivals in Rajasthan alone since 1947.

c. She had to live life as a widow with severe asceticism and austerity. Many of the women who could not reach the pinnacle of self-sacrifice and especially those with children lived the lives of widows. It was a life of penance: her head was shaved clean, the bangles were removed (Subramaniam, 1980). She was prescribed a kind of diet: boiled *Velai* (leaves) and cold rice.

The self-immolation of the widow is classified as **obligatory altruistic suicide** by Durkheim.

III. Fast unto death, facing north

The voluntary renunciation of the world and life by a person who considers that his earthly duties are over by undertaking a fast unto death in a place north of his abode was known as Vadak Kiruthal (literally, *staying in the north*) in the Tamil literature and there are a number of allusions in *Purananooru*.

The great Brahmin Tamil poet Kapilar was a close and intimate friend of a chieftain Paari, who ruled the mountainous country Parambu. The combined forces of the three Tamil kings, Chera, Chola and Pandyan could not overpower him. By adopting a treacherous stratagem, they killed Paari and annexed his kingdom. Overcome by inconsolable grief, Kapilar failed in his attempts to get Paari's daughters married to suitable chieftains and decided to end his life by adopting this practice. He went to his native town Thiru Kovilur and selected a site in the midst of the river South Pennar and died. The swan-song of Kapilar in the heart-wringing language is the following:

கலையுணக் கிழிந்த முழவுமருள் பெரும்பழம்
சிலைகெழு குறவரிக்கு அல்குமிசைவு ஆகும்
மலைகெழு நாட! மா வண் பாரி
கலந்த கேண்மைக்கு ஒவ்வாய், நீ; எற்
புலந்தனை யாகுவை- புரந்த யாண்டே
பெருந்தரு சிறப்பின் நட்பிற்கு ஒல்லாது
ஒருங்குவரல் விடாஅது 'ஒழிக' எனக்கூறி,
இனையை ஆதலின், நினக்கு மற்றுயான்
மேயினேன் அன்மை யானே; ஆயினும்,
இம்மை போலக் காட்டி, உம்மை
இடையில் காட்சி நின்னொடு
உடன் உறைவு ஆக்குக, உயர்ந்த பாலே!

By often helping me out
You denied me the equality of friendship

In death too you denied equality
By making me the custodian of your daughters
At least in heaven allow me O Lord
To unite with you in noble friendship.

There is a tombstone in the river called **Kapila Kal** (*Kapilar's tombstone*).

Another instance of this type of self-immolation is by the great Chola king, Koperum Cholan. Koperum Chola is commemorated in the various stanzas of *Purananooru* by numerous poets. This great king had difference of opinion with his two sons who wanted to wrest the kingdom from their father. Both sides were getting ready to be involved in a great battle, which was likely to result in disaster all round. Shocked by the turn of events some of the great poets of the day entreated the king pointing out the futility of war which could mean only the ruin of the great Chola dynasty, irrespective of who was the victor, father or the sons. The king heeded the wise counsel and gave up the idea of battle. He renounced the kingdom in favour of his sons and decided to undertake the traditional fast unto death. This, he undertook in one of the small islands surrounded by the river Cauvery in the vicinity of the sacred Vaishnava shrine of Srirangam.

When the great king announced his fateful decision, a number of poets joined him in his last act. When a poet by name Pothiar came to the site of self-sacrifice, the king reminded him that his (poet's) wife was in the family way and hence he should postpone his decision for the fast. The poet obeyed. After sometime, the king died. Another poet by name Pisir Andhiar, who hailed from the far off Pandya Kingdom trekked all the way from his home town to join his great Chola king. By this time the king was dead; the poet then undertook the fast and subsequently died. Tombstones were raised at the sites and on seeing them another poet, Kannakanar is struck by the proximity of two great and noble men.

பொன்னும், துகிரும், முத்தும், மன்னிய
மாமலை பயந்த காமரு மணியும்,
இடைபடச் சேய ஆயினும், தொடை புணர்ந்து,
அருவிலை நன்கலம் அமைக்கும் காலை,
ஒருவழித் தோன்றியாங்கு - என்றும் சான்றோர்
சான்றோர் பாலர் ஆப;
சாலார் சாலார் பாலர் ஆகுபவே.

Far-flung distances may separate
The origin of gold, pearl, coral and diamond
Yet they unite to form a beauteous necklace
Likewise, the wise adhered to the wise
And the unwise to the unwise.

This type of suicide is known to the Sanskrit world as *Pravopayega* or *Mahaprasthana*.

It must be remembered that Buddhism and Jainism were very popular in the Tamil land where many of the kings, their ministers and the court poets followed these religions and the contributions by these religions to the Tamil culture were enormous. Both the religions approved of spiritual suicide and the Jains called this fast by the name *Sullae kanam*. This was noted by Durkheim in the 19th century. Inscriptions found in many sanctuaries show that especially among the Southern Jainists, religious suicides were very often practised. Chandra Gupta Maurya's end in 298 B. C. was also similar. Together with one of the Jaina saints and many other monks he went to South India, and there he ended his life by deliberate slow starvation, in the orthodox Jaina manner (Thapar, 1966). Another spiritual suicide was by the famous *Purva Mimamsa* Philosopher, Kumarilla Bhattain about 700 A. D. For his unjust treatment of the Buddhists he wanted to expiate himself by the process known as Tushagni Pravesa (entering the smouldering chaff) and allowing to be consumed by fire. At this terrible hour of ordeal he argued with Adi Shankara and accepted the Advaita principles. This type of suicide is classified as **acute altruistic suicide** - the individual kills himself purely for the joy of sacrifice, because even with no particular reason, renunciation in *itself is considered praiseworthy (Durkheim, ibid)*.

In the case of the suicide of the Chola king all the elements mentioned by Durkheim probably played a part, viz. egoistic, altruistic and anomic.

CONCLUSION

It could be seen that some of the suicides are associated with normal people. Irrespective of the race, culture, religion and location of the civilisation, almost identical motives were responsible for the suicidal behaviour of these people.

REFERENCES

Alvarez, A. (1971): The Savage God, A Study of Suicide. Penguin, London.

Desikan, R. S. (1968): The Sangham Classics in The Sangham Age. The President, Bharathi Tamil Sangham, Calcutta.

Durkheim, E. (1952): Suicide. Translated by Simpson. Routledge and Kegan Paul Ltd, London.

Srinivasan, M. (1968): Purananooru. In The Sangham Age. The President, Bharathi Tamil Sangham, Calcutta.

Subramaniam, N. (1980): Sangham Polity - The administration and social life of the Sangham Tamils. Madurai: Ennes Publications.

Thapar, R. (1966): A History of India Vol. I. Penguin Books Ltd, London.

Venkoba Rao, A. (1983): India - *Suicide in Asia and the Near East. (Ed.)* Lee A. Headley, Los Angeles: University of California Press.

Venkoba Rao, A.(1986): Depressive Disease. Indian Council of Medical Research, New Delhi.

Zilboorg (1987): Considerations on suicide with particular reference to that of the Young. American Journal of Orthopsychiatry, VIII, 258.

LITERATURE AND PSYCHIATRY

THE TAMIL ANATOMY OF MELANCHOLY: *TOLKAPPIAM*

The experience and expression of the various emotions especially the dysphoric ones have increasingly come under the scrutiny of psychiatrists and allied professionals, especially after the WHO sponsored multi-national IPSS (1973). Leff (1973 and 1988) has particularly noted the difficulty experienced by the psychiatrists of China and Nigeria in translating the words, ***depression, anxiety*** *and* ***irritability*** *into their respective languages. He attributed this difficulty to the developing economy of these areas; in the latter study, he has shifted the emphasis to the origins of these languages. He hypothesizes that the languages of the Indo-European origin used in the study viz. Danish, Hindi, Spanish, English, Russian and Czech have no difficulty in translating the P.S.E. material while the languages of the non-Indo-European origin used in the study namely, Chinese and Yoruba experienced this difficulty.*

Other workers in this area have studied the language of emotions in many 'primitive' and non-European cultures. Marsella (1979) noted that research on indigenous categories of mental disorders in Malaysia, Borneo, Africa and among American Indians, revealed that there were no concepts that represented depression as either a disease, symptom or syndrome. Henry (1936) studied Kaingang, a Brazilian-Indian language, which has a restricted vocabulary for emotions. In contrast to this state of affairs, Morris (1978) studied the Pintupi tribe of aborigines in Western Australia and found a rich and varied lexicon in the areas of fear and anxiety, grief and depression. In the genesis of emotions Leventhal and Scherer (1987) concluded that all childhood and adult emotional behaviour patterns reflect complex integrations of subjective feelings, autonomic responses, expressive motor responses (gesture, posture, speech) and cognition. The cognitive component involves the development of schemata, which are created in emotional encounters with the environment and are conceptualised as memories of emotional experience.

With this background information this paper attempts to evaluate some of these aspects with reference to Tamil, one of the most ancient languages of the world and spoken in Tamil Nadu, India and the adjacent countries of Sri Lanka, Malaysia, Singapore, Mauritius and Fiji. Indian languages are classified on the basis of etymology, grammatical structure and lexical items into 3 major groups viz, the Dravidian, the Munda and the Indo-European.

Robert Caldwell, the European missionary and the father of the Dravidian linguistics, produced the monumental work *'A comparative grammar of the Dravidian language'* in 1856 that opened the eyes of Indologists to recognize the unique features and high antiquity of these languages, constituting themselves into a separate group distributed from the distant North, where its members Brahmi, Kuruk, and Malto are spoken; and far South where Tamil, Malayalam, Kannada and Telugu are spoken; while in Central India Koya, Maria, Kui, Kolami, Parji and kindred are in existence. (Kandaswami, 1990).

The experience and expression of emotions have been surprisingly very well discussed in an ancient Tamil work called *TOLKAPPIAM* (literally *The Ancient Epic*). This is probably the most ancient work extant in the language today and antedates the famous SANGHAM literature. Its exact date is unknown but is certainly not less than 2000 years. It is attributed to TOLKAPPIAR (literally the *Author of TOLKAPPIAM*). Others say it was written by a person belonging to the sect of KAPPIARS. Tradition has it that he was one of the twelve disciples of the great Sage Agasthiyar, the founder of Tamil language. The work deals with the study of grammar and the life and culture of the people of Tamil Nadu.

TOLKAPPIAR calls emotions MEIPPADUGAL and discusses them in the chapter entitled MEIPPATTU IYAL. SAITRIANAR defines the nature of emotions, MEIPPADUGAL or SUVAIGAL as the subjective emotional experience and the objective bodily features perceived by an observer, (see Appendix in Tamil). The Tamils called the external experience responsible for inducing emotions as SUVAIPADU PORUL. The evolved drive for action is called KURIPPU. The associated physiological changes such as blushing, sweating, tremors, etc., are called VIRAL or SATTHUVVAM.

This could be illustrated as follows:

EXPERIENCE → PERSON → EMOTION → AROUSAL
↘ AUTONOMIC CHANGES, GESTURES, POSTURE

சுவைபடு பொருள் → ஆள் → மெய்ப்பாடு குறிப்பு
↘ விறல் அல்லது சத்துவம்

SUVAI PADU PORUL → AAL → MEIPPADU KURIPPU
↘ VIRAL OR SATTHUVAM

Eight emotions are enumerated and they are: (see Appendix in Tamil)

S.No	Tamil Word	Roman Script	English Meaning
1.	நகை	Nagai	Laughter
2.	அழுகை	Azhugai	Melancholy
3.	இளிவறல்	Ilivaral	Dejection and guilt with no desire for living
4.	மருட்கை	Marutkail	Wonder
5.	அச்சம்	Achcham	Fear
6.	உவகை	Oovagai	Jubilation
7	வெகுளி	Veguli	Anger, Resentment
8.	பெருமிதம்	Perumidham	Buoyancy, Elation

For the present, we would pay attention to the emotion of sadness - the milder form is called AZHUGAI or melancholy and severer form ILIVARAL or dejection with guilt and dislike for living.

The various experiences required for these grades of depression are as follows:

AZHUGAI			
1	இழிவு	IZHIVU	Inferiority
2.	இழவு	IZHAVU	Bereavement, Material loss
3.	அசைவு	ASAIVU	Degradation
4.	வறுமை	VARUMAI	Poverty

ILIVARAL			
1	மூப்பு	MOOPU	Senility
2.	பிணி	PINI	Diseased state of body and mind
3.	வருத்தம்	VARUTHAM	Pain, torture of body and mind
4.	மென்மை	MENMAI	Weakness

Facial expressions,. gestures and postures characteristic of the various emotions like fear, anger, grief, elation, etc., are described in detail in the great epic of ***SILAPPATHIKARAM*** சிலப்பதிகாரம் (SAITRIYANAR, see Appendix in Tamil) ***THE STORY OF THE ANKLET*** and its commentaries:

1	Goose flesh	மெய்ம்மயிர் சிலிர்த்தல்
2	Shedding tears	கண்ணீர் வார்தல்
3	Trembling	நடுக்கம்
4	Snarling	கடுத்தல்
5	Sweating	வியர்தல்
6	Composure	தோற்றம்
7	Glowing with delight	களித்தல்
8	Staring	விழித்தல்
9	Fluttering and fidgeting	வெதும்பல்
10	Stupor	சாக்காடு

The above list is inclusive of the bodily changes associated with various emotions and not particular to depressive feelings. The various postures and gestures characteristic of individual emotions are to be found in the *SILAPPATHIKARAM* and its commentaries. Constraints of space do not permit exemplifying them.

DISCUSSION

The Study of emotions, both animal and human has been attempted from ancient times by various cultures and intellectuals-poets, philosophers scientists, and others. Roback (1969) discusses the view of Hippocrates,

Aristotle, Galen, Descartes, Cannon, McDougall, Watson, Darwin, William James, and Lange. Jaspers (1963), Eysenck and Wilson (1976) and *Scharfetter (1976) are other contributors in this area.*

The analysis of emotions by the ancient Tamils is surprisingly very modern. All the factors mentioned by Leventhal and Scherer (1987) are covered in this approach - the schemata which are created in emotional encounters with the environment and are conceptualised as memories of emotional experience, correspond to the SUVAI PADU PORUL or the emotional inducers mentioned earlier. Note that manyof the factors are important in precipitating a depressive illness.

It is not out of place to mention that there is an extensive and impressive vocabulary in Tamil with relation to depressive mood.

Some examples are:

1	MASACHORVU	மனச்சோர்வு
2	KILARCHIYINAMI	கிளர்ச்சியின்மை
3	MANATHUNBAM	மனதுன்பம்
4	THUYARAM	துயரம்
5	VARUTHTHAM	வருத்தம்
6	EZHUCHCHIATRA NILAI	எழுச்சியற்ற நிலை
7	KAVALAI	கவலை
8	KAZHIVIRAKKAM	கழிவிரக்கம்
9	IDARPADU	இடர்பாடு
10	AYARCHI	அயர்ச்சி

Similarly there is an elaborate vocabulary in the Tamil lexicon for guilt, sin, worthlessness, etc. (Chidambaranatha Chettiar, 1965).

CONCLUSION

Studies of this sort are useful to elucidate the concepts of psychiatric illnesses in ancient and modern times. Leff (vide supra) has traced how the word anxiety has evolved to mean one dysphoric frame of mind to many unpleasant feelings meant today in the Indo-European language. Murphy (1982) studied the accounts of melancholia written by Burton in 1621 and Baxter in 1673 and concluded that over that period there was major shift in the mode of expression from somatic or psychological symptoms. Similar studies in the various languages of India will shed considerable light on the psychopathology of mental illness in a cultural perspective.

REFERENCES

Chidambaranatha Chettiar (1965): English-Tamil Dictionary, University of Madras, Madras.

Eysenck H.J. and Wilson G.D. (1976): Editors: A Textbook of Human Psychology, MTP Press Ltd., Lancaster, England.

Henry, J. (1936):The linguistic expression of emotion, American Anthropologist, 38, 250-256.

Kandaswami, S.N. (1990): *The Hindu* dated 11th December, Madras.

Leff, J.P. (!973): Culture and the differentiation of emotional states, Brit.J.Psychiat.123,299-306.

Leff, J.P. (1988):Psychiatry around the globe. A Transcultural view. Gaskell, London.

Leventhal, H and Scherer, K. (1987): The relationship of emotion to cognition, a functional approach to a semantic controversy, Cognition and Emotion,13-28.

Marsella, A.J. (1979): Depressive experience and disorder across cultures in Handbook of Cross-cultural psychology, Ed.H.Triandis and J.Draguns, Vol.V. Boston, Allyn and Bacon.

Morris (1978): Psychiatric Diagnosis in a Trans-cultural setting, the importance of lexical categories.Brit. J.Psychiat. 132,87-95.

Roback, A.A. (1969): History of Psychology and Psychiatry, Greenwood Press, New York.

WHO (1973): The International Pilot Study of Schizophrenia, Vol.1, Geneva.

Appendix - Definition of மெய்பாடுகள்

1. உய்ப்போன் செய்தது கால் போர்க்கைய்துதல்
   மெய்ப்பா டென்ப மெய்யுண்ந் தோரே — (செயிற்றியனார்)

2. மெய்பாடுகள்
   நகையே அழுகை இளிவரல் மருட்கை
   அச்சம் பெருமிதம் வெகுலி உவகையென்று
   அப்பால் எட்டெ மெய்ப்படென்ப — (தொல்காப்பியம்)

3. அழுகை
   இழிவே இழவே அசைவே வருமையென
   விளிவில் கொள்கை அழ்கை நான்கே — (தொல்காப்பியம்)

4. இளிவரல்
   மூப்பே பிணியே வருத்தம் பெண்மையோடு
   யாப்புற வந்த இளிவரல் நான்கே. — (தொல்காப்பியம்)

5. சத்துவம்
   சத்துவம் என்பது சாற்றுங்காலை
   மெய்ம்மயிர் சிலிர்த்தல், கண்ணீர் வார்த்தல்
   நடுக்கம், கடுத்தல், வியர்த்தல், தோற்றம்
   களித்தல், விழித்தல், வெதும்பல், சாக்காடு
   கொடுங்குரற் சிதைவொடு நிரல்பட வந்த
   பத்தெள மொழிய சத்துவந்தானே. — (செயிற்றியனார்)

THE TAMIL ANATOMY OF HAPPINESS, ANGER, FEAR AND BEWILDERMENT

The emotional states of happiness, fear, anger and bewilderment as considered in TOLKAPPIAM, an ancient Tamil work are reviewed. The importance of such studies to the understanding of psychopathology is stressed.

In an earlier paper the author considered the importance of studying emotions, their experience and expression and their semantics in various cultures in the understanding of psychopathology of mental illness (Somasundaram, 1991). There, the main emotions and their inductions etc. as described in *TOLKAPPIAM*, the ancient Tamil work, were described with particular reference to the emotion of depression.

In the present study, we shall pay attention to other important emotions considered in this work, namely happiness, anger, fear, and bewilderment.

Three of the emotions enumerated there are considered as grades of happiness.

Emotions of Happiness			
TAMIL WORD	**MEANING**	**ROMAN SCRIPT**	**ENGLISH EQUIVALENT**
நகை	சிரிப்பு	NAGAI	Laughter
பெருமிதம்	களிப்பு	PERUMIDHAM	Buoyancy of spirit
உவகை	மகிழ்ச்சி	OOVAGAI	Exultation

TOLKAPPIAM then considers how each of these emotions are induced in an individual.

Each emotion is induced by one of the four inducers.

நகை (Laughter) is induced by:			
TAMIL WORD	**MEANING**	**ROMAN SCRIPT**	**ENGLISH EQUIVALENT**
எள்ளல்	கேலி	ELLAL	Jest, Mocking at
இளமை	-	ILAMAI	Youthfulness
பேதமை	அறிவின்மை	PETHAMAI	Foolishness
மடமை	கபடின்மை	MADAMAI	Innocence

In this context it is worth mentioning the following types of laughter mentioned by the author of the work on dramatics, SAITRIYANAR.

- Walking of the lame
- Gibberish of the foolish
- Expressions of the excessively passionate
- Incoherent talk of the insane
- Insulting reference to the close relatives
- Prattle of the child
- Boasting of the weak and the helplessness of the strong
- Wonder expressed by the enemy
- Ignorant expressing profundity
- Eunuch and the impotent
- Drunkard and the wayward
- Deities of the tribals
- The foreigner's accent
- Passionate in search of a partner
- Hunchback, Dwarf, Mute and Deaf.

He also mentions other types of laughter: the laughter associated with valour, imbecility, the laughter without mirth, the laughter with melancholy, the laughter covering deception and mockery. There are numerous examples found in the literature, which could be given but are omitted for considerations of space.

பெருமிதம் (Buoyancy of spirits) is induced by:			
TAMIL WORD	**MEANING**	**ROMAN SCRIPT**	**ENGLISH EQUIVALENT**
கல்வி	-	KALVI	Learning
தறுகண்	வீரம்	THARUKAN	Valour
புகழ்மை	புகழ்	PUGAZHMAI	Fame
கொடைமை	தர்மம்	KODAIMAI	Charity, benevolence

உவகை (Exultation) is induced by:			
TAMIL WORD	**MEANING**	**ROMAN SCRIPT**	**ENGLISH EQUIVALENT**
செல்வம்	-	SELVAM	Wealth and prosperity
புலன்	நுகர்வு	PULAN	Sense gratification
புணர்வு	உடல் கலப்பு	PUNARVU	Sexual union
விளையாட்டு	கேளிக்கை	VILAIYATTU	Sport, Fun

Now, let us look at the important emotion of fear and its causation.

அச்சம் ACHCHAM (Fear) is induced by			
TAMIL WORD	**MEANING**	**ROMAN SCRIPT**	**ENGLISH EQUIVALENT**
அணங்கு	பேய் உரு, ஆவி	ANANGU	Ghost, apparition
விலங்கு	காட்டு விலங்கு	VILLANGU	Wild animals
கள்வர்	கொள்ளையன்	KALVAR	Robber, ruffian
இறை	அரசன்	IRAI	King, person in authority over the lawbreaker

In this list fear-provoking objects are similar to those of ancient times, living as part of nature and exposed to its common dangers of wild animals and robbers.The superstition of ghosts must be a dominant fear to the ancient and to many of us in present times. The evolution of fear in later times to other objects and modification to anxiety and somatisation is mentioned by Leff (1973 and 1988). The respect for law and its givers exerted fear and awe; which probably disappeared during later revolutions and the overthrow of feudalism.

We can now examine the emotion of anger and resentment.

வெகுளி Veguli (Anger) is induced by :			
TAMIL WORD	**MEANING**	**ROMAN SCRIPT**	**ENGLISH EQUIVALENT**
உறுப்பறை	அங்கவீனப்படுத்துதல்	URUPPARAI	Maiming, disfiguring
குடிகோள்	குடிப்பெருமையை இகழ்தல்	KUDIKOL	Decrying one's ancestry
அலை	வருந்துதல்	ALAI	Threat of assault, torture
கொலை	-	KOLAI	Murder

It could be seen that in all four instances righteous anger is implicated, rather than unjust or pathological anger so familiar to psychiatrists.

Another emotion considered by TOLKAPPIAM is மருட்கை (MARUTKAI, bewilderment).

மருட்கை (MARUTKAI,bewilderment) is induced by :			
TAMIL WORD	**MEANING**	**ROMAN SCRIPT**	**ENGLISH EQUIVALENT**
புதுமை	-	PUDHUMAI	Novelty, grandeur
பெருமை	-	PERUMAI	Glamour
சிறுமை	நுணுக்கம்	SIRUMAI	Minutia
ஆக்கம்	முன்னேற்றம்	AAKKAM	Achievement

This emotion of bewilderment is usually associated and commingled with other types. It is noteworthy that this ancient Tamil work does not include NADUVUNILAMAI, equanimity, as another main emotion which is included as SANTHAM as one of the nine emotions - NAVARASA - of the Sanskrit thinkers. This is because the author probably felt that this state ot equanimity cannot be achieved easily by the common man.

As pointed out earlier, study of emotions in an ancient culture like that ot Tamils could be of value in understanding the origins and evolution of various cultures (Leff, 1973 and 1988). The importance of studying the subjective phenomena of the psyche is stressed by Jaspers (1968) who also decries the exclusive importance given to objectivity. The wisdom of the Tamils in studying emotions with so much acuteness is evident from the present paper.

REFERENCES

Jaspers, Karl (1968): The phenomenological approach in Psychopathology, British Journal of Psychiatry 114, 1313 - 1323.

Leff, J.P. (1973): Culture and the differentiation of emotional states, British Journal of Psychiatry 23, 299 - 306.

Leff, J.P. (1988): Psychiatry Around The Globe, Gaskell, London.

Somasundaram, O. (1991): The Tamil Anatomy of Melancholy, Indian Journal of Psychological Medicine, 14, 97 - 101.

DISCRIMINATION OF EMOTIONAL STATES AMONGST THE TAMILS

Leff has concluded from his analysis of the IPSS Study that the emotions of anxiety, depression and irritability are poorly discriminated amongst the population using non-Indo-European languages. The present author after analysing similar data from the ICMR Multicentred Collaborative Study of Factors Associated with the Course and outcome of Schizophrenia finds that the Tamil population using Tamil, a non-Indo-European language is able to discriminate these emotions as well as the brethren speaking Hindi of Indo-European origin.

In his trans-cultural psychiatric study of the emotional states amongst the various cultures and languages, Leff (1988) states that there is considerable evidence that words that denote pathological emotional states in European lexicons are lacking in many non-Indo-European languages.

Using the IPSS material (1973) he further hypothesizes that developed countries show a greater differentiation of emotional states than developing countries. This bears a relationship to the languages used in the study the Indo-European languages viz. Danish, English, Russian, Czech and Hindi and the non-Indo-European languages viz. Yoruba and Chinese.

In an earlier paper, the author has disagreed with Leff in regard to the language of emotions in Tamil, a language belonging to the Dravidian family which is different from Hindi and many of the North Indian languages (Somasundaram, 1990). In the present study, he evaluates the discrimination of the dysphoric states of anxiety, depression and irritability.

MATERIAL AND METHOD

The author has closely followed the theoretical considerations and the data collection; he has utilised the results of the PSE used in the Multi-centred collaborative study of Factors associated with the course and outcome of Schizophrenia, 1988. In this Multi-centred study conducted at Madras, Vellore and Lucknow, the PSE (Ninth Edition) was used at the Madras and Vellore centres, and the Hindi version at Lucknow.

The training given to the personnel involved in the study and recording of the results were not different from that followed in the IPSS study (Leff, 1973 supra, ICMR 1988).

There were 386 patients in the study, 207 in Lucknow, 96 in Madras and 83 in Vellore. Three of the PSE items are of particular interest for the purposes of the present study *Anxiety* (Subjective nervous tension), *Depression* and *Irritability*.

The scores obtained by the patients in each of the domains and in each of the centres is tabulated below.

Table 1. Emotional states of the patients of the three centres Madras, Vellore, Lucknow

Anxiety			
0	67	38	152
1	9	6	31
2	-	-	11
8	-	1	2
9	20	38	11

Depressed Mood			
0	52	40	148
1	23	11	44
2	-	2	6
8	-	2	1
9	21	28	8

Irritability			
0	26	21	107
1	16	6	37
2	25	16	35
3	7	10	24
8	-	2	1
9	22	28	3

0=Symptom not present, 1=Moderate, 2=Severe 3=More Severe, 8=Examiner not sure, 9=No rating can be made.

The scores on the three sections of interest for this study were utilised in the following way: the correlation coefficients between the scores on Anxiety and Depression, on Depression and Irritability were calculated for all the patients in each centre and tabulated below.

Table 2. Correlation coefficient between the emotions for the various centres (IPSS)

Centre	No.of Patients	Anxiety:Depression	Dep:Irr.	Anxiety:Irr
Madras	96	0.1968	-0.0012	-0.0642
Vellore	83	0.3873	0.2771	0.3289
Madras & Vellore	179	0.2751	0.1248	0.0791
Lucknow	207	0.3697	0.1008	0.1885

DISCUSSION

Leff concluded from the IPSS study that the emotional states of anxiety, depression and irritability were poorly discriminated in the countries of China and Nigeria (two countries with non-Indo-European languages).

In our multi-centred study of Schizophrenia using similar data and methodology we conclude that these emotions are well discriminated by a population whose mother-tongue is Tamil (which belongs to the Dravidian

group and which is different from the Indo-European languages). This discriminatory capacity is shared with the Hindi-speaking Lucknow patients. The Hindi-speaking Agra patients of the IPSS study were found by Leff to discriminate these emotions.

It would not be far from reality to conclude that language may not be an important factor in emotional discrimination at least with regard to Tamil - an ancient language with extensive vocabulary and culture.

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REFERENCES

ICMR (1988): Final Report: Multi-centred collaborative study of Factors associated with the course and outcome of Schizophrenia. Coordinator: A.Verghese. Vellore, Tamil Nadu.

Leff, J.P. (1973): Culture and the differentiation of Emotional status. British Journal of Psychiatry, 123,299-306.

Leff, J.P. (1988): Psychiatry around the globe: A trans-cultural view. London: Gaskell.

Somasundaram, O. (1991): A Tamil anatomy of melancholy. Indian Journal of Psychological Medicine, 14, 97 - 101.

Wing, J.K.; Cooper, J.E. and Sartorius, N. (1974): Measurement and classification of Psychiatric symptoms - An Instruction Manual for the PSE and Catego Programme. Cambridge University Press, Cambridge, U.K.

SEXUALITY IN *THIRUKURAL*, THE GREAT TAMIL BOOK OF ETHICS

The attitudes to sexual behaviour amongst human beings have greatly varied in various parts of the world and various time of history. The fascinating history of sexuality has been masterly reviewed by Sussman (1980); this covers the earliest periods to the present day, with reference only to Jewish and Christian religions and to the American continent. Murdoch (1960) has surveyed the prevalent notions and practices of sexuality in 250 cultures scattered throughout the world. In the present study, the author tries to highlight the aspects of sexuality as found in one of the great Tamil books on ethics, Thirukural.

This work has been translated into almost all Indian and most of the European languages, but very little is known about its author Thiruvalluvar. This work is traditionally timed to the second century A. D., the period of the Last **Sangham** (Academy) Age of Tamil literature. Tradition has it that he was a weaver by profession. The name might have some reference to his profession as adviser to the king. It is difficult to guess his religion, whether Hinduism, Jainism or Buddhism but Nilakanta Sastri, the eminent South Indian Historian (1975) feels that Thiruvalluvar was probably a learned Jaina divine. Contemporary thinking on morality, polity and sexuality in Sanskrit is to be found in three major works: *Manusmriti*, Kautilya's *Arthasastra* and Vatsayana's *Kamasutra*. The erudite Tamil poet Thiruvalluvar has combined all the three aspects of life in his single work *Thirukural* which consists of 1330 couplets arranged in three major sections: morals, polity and sexuality.

There are important differences between the two linguistic works; *Manusmriti* believes in differences based on birth, the *Arthasastra* believes that end justifies means in politics and the Kamasutra pays attention mostly to the physical aspects of love. Thiruvalluvar does not accept caste distinctions, wants purity and cleanliness in politics and as we shall see later pays attention mostly to emotional aspects and constancy of love. Thiruvalluvar is a firm believer in monogamous marriages - he would consider the tie between man and woman as permanent and irrevocable. He does not approve of extra-marital relationships as could be seen in his denunciation of adultery in the chapter entitled *"Against coveting another's wife"*

பகைபாவம் அச்சம் பழியென நான்கும்
இகவாவாம் இல்லிறப்பான் கண்.

Hatred, sin, fear and shame
these four stain adulterers ever more. (146)

[English versions by Yogi Suddhananda Bharati (1968).The number refers to the serial number of the original couplet. It should be remembered that translations do not do adequate justice to the erudition of the Tamil author and cannot convey the ideas with beauty and depth.]

Similarly he does not approve of sexual pleasure with prostitutes. This is once again condemned in strong terms in another chapter *"Prostitutes"*

அன்பின் விழையார் பொருள்விழையும் ஆய்தொடியார்
இன்சொல் இழுக்குத் தரும். (911)

For gold, not love their tongue cajoles
men are ruined by bangled belles. (911)

பொருட்பெண்டிர் பொய்மை முயக்கம் இருட்டறையில்
ஏதில் பிணந்தழீஇ யற்று (913)

The false embrance of whores is like that of
a damned corpse in the dark. (913)

(*Note:* here is an allusion to necrophilia, a rare sexual deviation.)

It should be mentioned here that this view is in variance with that prevalent in earlier and later periods in Tamil Nadu. It is interesting to recall the views of Godwin, the Englishman who considered *"monogamous marriage an odious monopoly - couples should not be bound for a lifetime to feelings and attitudes experienced for a few moments"* as quoted by Sussman vide supra. Another comparison could be made to the Oneida community founded by Noyes in the 19th century USA as quoted by Sussman vide supra.

Thiruvalluvar considers sexuality broadly under two headings *"Courting in secrecy"* and *"Chaste married life"*, the permanent relationship between man and beloved and man and spouse is treated mostly on the emotional level as union between the hearts rather than the physical union between the bodies (it's not that the importance of the latter union is underestimated). Sexual intercourse is not referred to directly. The role of all the five senses in sexual union is alluded to in the following couplet in the chapter *"The blissful union"*.

கண்டுகேட்டு உண்டுயிர்த்து உற்றறியும் ஐம்புலனும்
ஒண்டொடி கண்ணே உள (1101)

On this bangled beauty dwell
the joys of sight sound touch taste smell. (1101)

வீழும் இருவர்க்கு இனிதே வளியிடை
போழப் படாஅ முயக்கு. (1108)

Joy is the fast embrace
that doth not admit even air between both. (1108)

In foreplay, the beauty of a woman is extolled in *Beauty extolled*

முறிமேனி முத்தம் முறுவல் வெறி நாற்றம்
வேலுண்கண் வேய்த்தோ ளவட்கு (1113)

The bamboo shouldered has pearl-like smiles
fragrant breath and lance-like eyes. (1113)

அனிச்சமும் அன்னத்தின் தூவியும் மாதர்
அடிக்கு நெருஞ்சிப் பழம். (1120)

The soft flower and the swan's down
are like nettles to the feet of the fair. (1120)

A sensuous kiss between the lovers is alluded to here:

பாலொடு தேன்கலந் தற்றே பணிமொழி
வாலெயிறு ஊறிய நீர். (1121)

Like milk and honey the dew is sweet
from her white teeth whose word is soft.(1121)

He deals next with chaste wedded life in 18 chapters, this love as described in *Kural* is continuous, constant and steadfast:

உடம்பொடு உயிரிடை என்னமற் றன்ன
மடந்தையொடு எம்மிடை நட்பு. (1122)

Love between me and this lady
is like bond beween soul and body. (1122)

வாழ்தல் உயிர்க்கன்னள் ஆயிழை சாதல்
அதற்கன்னள் நீங்கு மிடத்து. (1124)

Life with my jewel is existence
Death is its severance. (1124)

In Valluvar's view sexuality has to be enjoyed and learnt in the spouse:

அறிதோறு அறியாமை கண்டற்றால் காமம்
செறிதோறும் சேயிழை மாட்டு. (1110)

As knowledge reveals past ignorance
So is the belle as love gets close. (1110)

The state of the body and mind when lovers separate - an intricate, intensely emotional depressive state - *insomnia, restlessness* and *wakefulness*:

வாராக்கால் துஞ்சா வரின்துஞ்சா ஆயிடை
ஆரஞர் உற்றன கண். (1179)

He comes; no sleep; he goes; no sleep;
This is the fate of eyes that weep. (1179)

மன்னுயி ரெல்லாம் துயிற்றி அளித்திரா
என்னல்லது இல்லை துணை. (1168)

Nights' mercy lulls all souls to sleep
keeping but me for companionship. (1168)

கொடியார் கொடுமையின் தாம்கொடிய இந்நாள்
நெடிய கழியும் இரா. (1169)

Crueller than that cruel he
are midnight hours gliding slowly. (1169)

Altered time-perception could be discerned in *Mutual yearning*

ஒரு நாள் எழுநாள்போல் செல்லும்சேட் சென்றார்
வருநாள் வைத்துஏங்கு பவர்க்கு. (1269)

One day seems as seven to those
who yearn return of distant spouse. (1269)

The dreams pervading the sleepless night play a useful role in wish-fulfilment:

நனவினால் நல்கா தவரைக் கனவினால்
காண்டலின் உண்டென் உயிர். (1213)

In wakeful hours who sees me not
I meet in dreams and linger yet.(1213)

கனவினான் உண்டாகும் காமம் நனவினான்
நல்காரை நாடித் தரற்கு. (1214)

In dreams I enjoy his love - bliss
Who in wakeful hours I miss. (1214)

Emotion of sadness: (l) *Sad memories* (2) *Soliloquy* and (3) *Chiding the heart*

விளியுமென் இன்னுயிர் வேறல்லம் என்பார்
அளியின்மை ஆற்ற நினைந்து. (1209)

Dear life ebbs away by thought
of him who said we are one heart. (1209)

நினைத்தொன்று சொல்லாயோ நெஞ்சே எனைத்தொன்றும்
எவ்வநோய் தீர்க்கும் மருந்து. (1241)

Think of, O heart, *some remedy*
To cure this chronic malady. (1241)

பெறாஅமை அஞ்சும் பெறின்பிரிவு அஞ்சும்
அறாஅ இடும்பைத்தென் நெஞ்சு. (1296)

Frets to gain and fears loss in gain
O my heart suffers ceaseless pain. (1296)

உறுப்புகலன் அழிதல் *Organs waste*

தணந்தமை சால அறிவிப்ப போலும்
மணந்தநாள் வீங்கிய தோள். (1233).

These arms that swelled on nuptial day
Now shrunk proclaim "He is away" (1233)

கொடியார் கொடுமை உரைக்கும் தொடியொடு
தொல்கவின் வாடிய தோள். (1235)

Bereft of bracelets and old beauty
Arms tell the cruel's cruelty. (1235)

கண்விதுப்பழிதல் *Eyes that see but do not perceive*

படலாற்றா பைதல் உழக்கும் கடலாற்றாக்
காமநோய் செய்தஎன் கண். (1175)

My eyes causing lust more than see
Suffer that torture sleeplessly. (1175)

பசப்புறு பருவரல் *Wailing over pallor*

சாயலும் நாணும் அவர்கொண்டார் கைம்மாறா
நோயும் பசலையும் தந்து. (1183)

He seized my beauty and modesty
Leaving pangs and pallor to me. (1183)

Restlessness increasing as the dusk approaches is well described below in பொழுதுகண்டு இரங்கல் *Eventide sigh*

காதலர் இல்வழி மாலை கொலைக்களத்து
ஏதிலர் போல வரும். (1224).

Lover away, comes eventide
like slayer to field of homicide. (1224)

Thiruvalluvar is not unaware of increasing conjugal bliss by interrupting it with minor misunderstandings real or feigned called *"Love quarrels"*

உப்பமைந் தற்றால் புலவி அதுசிறிது
மிக்கற்றால் நீள் விடல். (1302)

Sulking is the salt of love
but too much of it spoils the taste. (1302)

ஊடலுவகை *Sulking charm*

ஊடுதல் காமத்திற்கு இன்பம் அதற்கின்பம்
கூடி முயங்கப் பெறின். (1330)

Sulking is lovers delight
Its delight grows when they write (1330)

Such are the glimpses into the love-life of the Tamils, as pictured by Valluvar with the experience gained by the young lovers at their homes; they raise a family, and live a life rooted in simplicity, honesty and faith in God. The above views and attitudes to sexuality are acceptable to the average Indian. Sensible erotic literature is available in many of the Indian languages. Varaguna Rama Pandya's Tamil translation of *Kokkoha* a Sanskrit treatise and Chandraraja's *Madanatilaka* in Kannada are two good examples.

With more and more acceptance of the Western ways and views of life and the liberalisation of our marital ways by the acceptance of divorce and abortion laws in our country, a certain amount of elasticity in our marriage and sex therapies might be necessary.

REFERENCES:

Murdoch G.P. (1960): Social Structure. Macmillan, New York.
Nilakanta Sastri K. A. (1975): A History Of South India IV Edition. Oxford University Press, Madras.
Sussman N. (1980): History Of Sexuality. In Comprehensive Text-Book Of Psychiatry Vol. III, Vol. II Edited By Kaplan H. I.., Freeman A.M., Sadock B. J.. Williams & Wilkins, Baltimore.
Yogi Suddhananda Bharathi (1968): Thirukural With English Couplets. The South Indian Saiva Siddanta Works Publishing Society Ltd., Tinnevely, Madras-1.

THE PSYCHOPATHOLOGY OF PERCEPTIONS AND REASONING: VIEWPOINTS OF THE *MANIMEKHALAI*

Ancient Tamil literature is replete with psychological insight, which appears surprisingly and refreshingly modern. The author has mentioned these aspects: the psychology of emotions depicted in 'Tolkappiyam' and sexuality as found in 'Kural'. The present paper discusses the psychopathology of perception and reasoning as found in the ancient epic, 'Manimekhalai' written by a great Buddhist poet and philosopher, Sathanar in the second century A.D. His scholarship extended not only to his mother-tongue but also to the other ancient languages of India, Sanskrit and Pali, the language in which most of the Buddhist religions and logic were extant. These principles are applied to the consideration of illusions, hallucinations and disorders of thought, both form and content.

In this epic poem Sathanar traces the life of Manimekhalai, the daughter of the courtesan Madhavi and the unfortunate Kovalan who was unjustly condemned to death by the Pandya King in Madurai. As the aftermath Kannagi, the chaste wife consigns the city to flames (this story is depicted in the famous poem of *Silappadikaram* by poet Ilango Adigal). Manimekhalai makes a comparative study of the tenets of various religions and philosophy prevalent at that time. She visits Vanji the capital city of the Chera Kingdom (now the state of Kerala). Without wandering into these territories further we could confine our attention to the study of Perception and its errors from the viewpoint of Mimamsa or theological reflection. Veda-Vyasa is the author of the *Purva Mimamsa*, dealing with rites and sacrifices; Jaimini of the *Uttara Mimamsa*, defining the nature of the gods and heavenly hierarchies. Perceptions are described as Katchi or Pratyaksha. Direct perception free from doubt is of five kinds: perception of colour by the eyes; of sound by the ears; of odour by the nose; of taste by the tongue; of touch by the skin. It is through these perceptions that the sensations of pleasure and pain are felt.

Perception in contact with the vital energies (Uyir, prana), reaches the mind (manas) through channels of internal communications (vayil) called the sun, the moon and fire (ida, pingala, sushumna). The mind (manas) which functions ceaselessly receives the message. Thus is obtained an adequate knowledge of an object situated in a given place: its name, its nature, its activities and not only knowledge of its appearance, without confusing it with another object; but without leaving the least doubt as to its nature. The errors of perception which could lead to illusions and hallucinations are discussed under the head Pramana-Abasa. They could be summarised and simplified as in table 1. It could be seen that many of these principles could be applied to explain some illusions and also some delusions. Esquirol (1838) was the first psychiatrist to differentiate clearly between hallucinations and illusions. William James (1890) in his book *The Principles of Psychology* mentions *'the highly complex experience which we have when direct perception is mixed with the interpretation of the perceptions'.*

Sims (1995) has described three types of illusions, namely completion, affect and pareidolic. Completion illusions depend on inattention to occur. This is analogous with *kandunaramai*. With reference to the other types of illusions it is not difficult to apply many of the factors mentioned in the above list. In the fourth variety of the defective perception, Arbitrary choice, the mixing of imagination and fantasy is evident.

Table 1

	Tamil / Sanskrit	English	Example
1	Shuttuna	Inexact perception	something seen afar not discernible man or tree, merely know something is there
2	Tiryak-kodal	Deceptive appearance	One thing mistaken for another, e.g. mother of pearl for silver
3	Aiyam	Indecision	incapable of deciding whether a distant object is a man or a tree trunk
4	Teradute ridal	Arbitrary choice	In the palace stable there is a post for attaching horses and a stable boy standing nearby; post taken to be the stable boy without checking
5	Kanduna ramai	Inattention, seeing not understanding	Seeing something move, not realising its a tiger and do not warn.
6	Valakku	Mistaken association	Believing in the reality of something that exists only in words; to speak of "hare's horns" is verbally comprehensible, but the thing described does not exist in reality
7	Unardal	Truism, demonstration of what is evident	For example, deciding after due reflection to sit near the fire to counteract the cold when one knows with certainty that heat is the opposite of cold.
8	Niraippu	Indirect knowledge	The fact of recognising our parent can only be used on the affirmation of others.

Let us now turn to the defects of reasoning as detailed in the Buddhistic logic and expressed by the author of the *Manimekhalai*. This is explained by the great monk, Aravana Adigal (probably the famous Buddhist monk Nagarjuna). The purpose of this exposition is in the words of Aravana Adigal: *"you can see that there are thirty-three forms of mistaken deduction according to the laws of logic"*. By analysing them, truth can be distinguished from error, and reality apprehended without confusion or doubt.

The three members of the Buddhist syllogism are (1) **Paksah** (Thesis) (2) **Hetu** (Reason) (3) **Drishanta** (Example).

This syllogism was first introduced by Nagarjuna of the Madhyamika school and it was then advocated and applied by Maitreya, Asanga, Vasubandhu and Dignaga of the Yogacara school (Kandaswamy).

The resulting fallacies are also three namely (1) Fallacy of thesis (2) Fallacy of reason (3) Fallacy of example. These three types of fallacies are tabulated.

Table 2 Non-valid Given Facts (paksha)

	Tamil / Sanskrit	English	Example
1	Pratyaksha Viruddham	Contrary to evidence	Sound is not perceptible to the ear
2	Anummana Viruddham	Contrary to deduction or experience	Affirming that a clay pot is immortal
3	Suvachanam Viruddham	Contradiction of terms	"My mother is barren"
4	Loka Viruddham	Contrary to general opinion	The luminary of night is not the moon
5	Agama Virudham	Contrary to authoritative	Since for scientist philosophy (vaisheshika) the world does not exist to say it is immortal contradicts the text
6	Aprasiddha Viseshana	Nonexistent qualificative	To speak of the immortality of the world to a Buddhist, for whom the theory of the world is fiction, has no meaning; it is admissible for an adept of Samkhya
7	Aprasiddha Visheshyam	Nonexistent subject	To speak of the nature of the world to a Buddhist, for whom the world does not exist, is meaningless
8	Aprasiddha Ubhayam	Nonexistent qualificative and subject	This is a case of a Buddhist saying *'eternal happiness is an experience of the soul'* to a materialist (Vaisheshika) who believes neither in the soul nor eternal happiness.
9	Aprasiddha Sambandham	There being no question of relation.	To try to demonstrate to a Buddhist that the world is not eternal is pointless, since for him the world does not exist and there is therefore no question of its being eternal or not.

Table 3 Non-Valid Arguments (Hetu)

	Tamil / Sanskrit	English
1	Asiddham a. Ubhaya asiddham b. Anyantara asiddham c. Siddha asiddham d. Ashraya asiddham	Unconvincing arguments Not valid from any point of view Unacceptable for one of the parties Non-determining argument Argument resting on an unproven fact
2	Anaikantikam a. Sadharna b. Asadharana c. Sapakasha eka desha vritti and vipaksha vyapi d. Vipaksha ekadesha vritti, sapksha vyapi e. Ubhayaekadesha vritti, anaikantikam f. Vritti Vyabhichari	Non-exclusive arguments General Unparticular Proposition valid in a single case, but also in contrary cases Argument applying to a single different case and to all similar cases Argument applying to a single different case and to all similar cases Arguments applicable to another particular case,but also to various contrary cases
3	Viruddham a. Dharma svarupa viparita sadhana vritti b. Dharma vishesha viparita sadhana vritti c. Dharmi svarupa viparita sadhana vritti d. Dharmi vishesha viparita sadhana vritti	Indetermination Contradictory arguments The characteristic of the arguments are in contradiction to the qualificative attributed to the subject The argument contradicting the very nature of the subject Argument contrary to a particular characteristic of the subject

Table 4 Wrong Examples (Drishtanta)

	Tamil / Sanskrit	English
1	Sadharmya dristanta abhasa	Examples based on the appearance of misleading analogies
	a. Sadhana dharma vikalam	Examples contradicting the argument
	b. Sadhya dharma vikalam	Example contrary to desired conclusion,
	c. Ubhaya dharma vikalam	Contradicting given fact and conclusion
	d. Ananvayam	Lack of logical connection
	e. Viparita anavayam	Unestablished logical connection
	Vaidharmya dristantha abhasa	Examples based on incompatible objects
	a. Sadhyavy vritti	Examples compatible with the given fact, but incompatible with argument
	b. Sadhana y vritti	Example compatible with the argument, but incompatible with given fact
	c. Ubhaya vyvritti.	Example incompatible with both the given fact and the argument
	i. Ether (akasha)	Existing objects.
	ii. Ephemeral	Non-Existing objects
	a. Vyatirekam	Logical discontinuity
	b. Viparita Vyatirekham	Logical misconception

Some of the fallacies are likely to play a role in the formation, elaboration and persistence of delusional beliefs. The process of reasoning in order to come to conclusions about one's situation in the outside environment appears to be altered in those experiencing delusions (Sims 1995).

Von Domarus (1944) argued that deluded schizophrenics showed a failure of syllogistic reasoning. It is probable that the more popular views of Gruhle (1915), as quoted by Sims (1995), Jaspers (1963) and Mellor (1991) have received more attention to factors other than reasoning in the genesis of delusions.

If we apply the principles of Buddhistic Logic to the study of delusions in psychiatric patients it would be possible to understand the formation of delusions. Similarly disorders of thinking could be understood from this angle. Sims classified thinking into three types (1) Fantasy thinking (2) Imaginative thinking (3) Conceptual thinking - the use of logic without intermingling of fantasy,

Disorders of thinking in the psychotic patients especially schizophrenics can be analysed: whether non-valid propositions, arguments and similarities are found in them. Some characteristic forms of schizophrenics - thinking, especially over-inclusive thinking, circumstantiality, fusion and derailment could be understood as due to the above defects in reasoning.

To give more examples to understand, some of the following factors from Buddhistic logic could be mentioned: contrary to the evidence of the senses, contrary to deduction or experience, contrary to general opinion, non-existent qualificative, argument resting on an unproved fact, arguments not valid from any point of view etc., to mention some ways of understanding delusions. Culturally held beliefs, over-valued ideas and implanted shared delusions could be brought under some of the categories.

We have illustrated the application of ancient Indian Philosophies to comprehend some aspects of psychopathalogy. Some of us are familiar with the study of Hindu Philosophies in Sanskrit for the above purpose. It is suggested that the younger generation of psychiatrists and psychologists should turn their attention to other (non-Hindu and Sanskrit) languages like Tamil and other Indian Languages.

(Note: The translation of the Tamil work quoted in this article is of Alain Danielou with the collaboration of T.V. Gopala Iyer.)

REFERENCES

Danielou, A. (1993): Manimekhalai. Penguin Books India.
Esquirol, J.E.D. (1817): Mental Maladies: A Treatise on insanity. Translated by E. K. Hunt.
Jaspers, K. (1963): General Psychopathology (transl. Hoenig J. & Hamilton M.W.) Manchester: Manchester University Press.
Kandasamy, S.N. (1970): Buddhism as Expounded in Manimekhalai, Annamalai University, Tamil Nadu.
Roberts, G (1992):The origins of delusions. Br. J.Psychtry, 121:161, 298-308.
Sims, A. (1995): Symptoms in the mind. W.B. Saunders, London.
Somasundaram, O. (1986): Sexuality in Thirukural. Indian Journal of Psychiatry, 28:83-85.
Somasundaram, O. (1991): The Tamil Anatomy of melancholy. Indian Journal of Psychological Medicine, 14:97-101.
Von Domarus, E. (1944): The specific locus of logic in schizophrenia. In: Language and Thought in Schizophrenia (ed. J. Kasanin). University of California Press, Berkeley.

AGEING IN TAMIL LITERATURE

I love everything that is old;
old friends, old times, old manners, old books, old wines.

Oliver Goldsmith.

Psychiatric care of the elderly has received the attention of the psychiatrists only in the course of the last three decades (Gelder et al. 1989). Rapid industrialisation and urbanisation in both developed and developing parts of the world have markedly changed the structure of the community life and the increasing numbers of the old and very old people have posed special problems of health and social support. The WHO has considered various aspects of ageing (WHO 1972 and 1986). Ageing has interested various groups of people from early times — religious teachers, philosophers, and poets to mention a few. Aged men were respected and revered as could be seen from the proverbs and Bible: "in a good old age", "old age though despised, is coveted by all", "old age is honourable" etc. Old Seers were held in great respect in the Hindu civilization as reflected in many incidents in the Great Epics.

In contrast to considering old age as the final development to maturity and wisdom, old age could be an erratic disintegration with various parts of the organism decaying at different rates. The best example in literature for this concept is found in the final of the seven stages of man described by Shakespeare in *As you like it*:

...last scene of all
That ends this strange eventful history
Is second childishness and mere oblivion
Sans teeth, sans eyes, *sans taste, sans evervthing.*

We could illustrate some of these concepts from Tamil literature. The great Saivite mystic Pattinathar describes the stages of development in a lengthy poem entitled *Udal Kutru Vannam* (உடல் கூற்று வண்ணம்):

வயது முதிர்ந்து நரை திரை வந்து
வாதவி ரோதகு ரோதமடைந்து
செங்கையினி லோர் தடியு மாகியே;
வருவது போவ தொருமுது கூனு
மந்தியெ னும்படி குந்தி நடந்து
மதியு மழிந்து செவிதிமிர் வந்து
வாயறி யாமல்வி டாமல்மொழிந்து
துயில்வரு நேர மிருமல்பொ றாது
தொண்டையும் நெஞ்சுமு லர்ந்து வறண்டு
துகிலு மிழந்து சுணையு மழிந்து
தோகையர் பாலர்கள் கோரணி கொண்டு
கலியுக மீதி லிவர்மரி யாதை
கண்டிடு மென்பவர் சஞ்சல மிஞ்ச

கலகல வென்று மலசலம் வந்து
கால்வழி மேல்வழி சாரந டந்து
தெளிவுமி ராம லூரைதடு மாறி
சிந்தையு நெஞ்சுமு லைந்து
தேறிந லாதர வேதென நொந்து
மறையவன் வேத நெழுதிய வாறு
வந்தது கண்டமு மென்றுதெ ளிந்து
இனியென கண்ட மினியென தொந்தம்
மெதினி வாழ்வுநி லாதினி நின்ற
கடன்முறை பேசு மெனவுரை நாவு
றங்கிவி ழுந்துகை கொண்டு மொழிந்து
கடைவழி கஞ்சி யொழுகிட வந்து
பூதமு நாலுசு வாசமு நின்று
நெஞ்சு தடுமாறி வரு நேரமெ;

His youth now passes away and old age creeps on
His hair turns grey, his teeth drop, his eyes grow dim
His organs of hearing are impaired, his body becomes dry
His back bends and is troubled with incessant cough which disturbs
his sleep; he is no longer able to walk and has recourse to a cane
and is gazed at by the young with derision
While in this condition the ministers of Yama
With their shaggy hair and frightful countenance
Approach him and seize and bear away his life amidst the screams
of his wife and children; his kinfolk and friends then assemble
Talk of his good or evil deeds, convey his body to the crematory with
the sound of tom-toms and commit it to the flames
Which consume and reduce it to a handful of ashes.

The above extract is from the translation of Simon K. C. Chitty, which unfortunately omits many details relevant to our study. The original poem speaks of depression, clouding of consciousness, dementia, incontinence of bladder and bowels, rambling and incoherent and voluble talk.

A reminiscence by an elderly person is masterly depicted in a Sangham anthology *Purananuru* poem as follows:

இணிநினைந்து இரக்கம் ஆகின்று; திணிமணல்
செய்வுறு பாவைக்குக் கொய்பூத் தைஇத்,
தண்கயம் ஆடும் மகளிரொடு கைபிணைந்து,
தழுவுவழித் தழீஇத், தூங்குவழித் தூங்கி,
மறைஎனல் அறியா மாயமில் ஆயமொடு
உயர்சினை மருதத் துறையுறத் தாழ்ந்து,
நீர்நணிப் படிகோடு ஏறிச், சீர்மிகக்,
கரையவர் மருளத், திரையகம் பிதிர,
நெடுநீர்க் குட்டத்துத் துடுமெனப் பாய்ந்து,
குளித்துமணற் கொண்ட கல்லா இளமை
அளிதோ தானே! யாண்டுண்டு கொல்லோ
தொடித்தலை விழுத்தண்டு ஊன்ரி, நடுக்குற்று,
இருமிடை மிடைந்த சிலசொல்
பெருமூ தாளரெம்" ஆகிய எமக்கே?

The days when life was young, those sportive days
When with loose river sand I used to make droll forms
And deck them with fantastic wreaths of flowers
When from overhanging boughs I plunged
Headlong into the sparking waters cool of mountain lakes
And on the greens ward danced hand linked in hand
With little maidens fair, a joyous band all ignorant of guile
How oft on those departed days I muse with tender sadness
Beneath the over-spreading shade of myrtle green
Which filled the country round with odoriferous perfume
I plunged throwing the water round and diving deep
Rose with my hands filled with the glistening sand as trophy
From the bottom of the lake, then climbed the overhanging boughs
Of sturdy trees that lined the shore, whereon in wonderment
Stood my company witnessing my deed
Those happy days of youth so free from care
Ah! whither have they fled? It is too sad that now
With trembling hands I should my staff Grasp for support
And panting go about with worn and feeble limbs
For I am old.

Purananuru, 243.

Here we could appreciate an old man's regret for his waning prowess and the ultimate acceptance of the fact that death is inescapably a part of life. Every one at some point must accept the eventuality of not being. This period is the eighth stage of life, according to Erikson (Lofgren, 1989). Reminiscing in old people serves the purpose of keeping despair at bay: despair of life seen as valueless, wasted or misdirected or of approaching death (Butler and Lewis, 1973). Positive aspects of achieving mental health in old age are found in the *Purananuru* poet:

யாண்டுபல வாக, நரையில ஆகுதல்
யாங்கு ஆகியர்? என வினவுதிர்' ஆயின்,
மாண்டஎன் மனைவியொடு மக்களும் நிரம்பினர்;
யாண்க ண்டனையர்என் இளையரும்; வேந்தனும்
அல்லவை செய்யான், காக்கும்; அதன்தலை
ஆன்றுஅவிந்து அடங்கிய கொள்கைச்
சான்றேர் பலர்யான் வாழும் ஊரே.

Your years are many we heard, yet not a grey hair on your head
What is your secret?
My noble wife and all my children are greatly learned, full of wisdom.
My servants anticipate every wish of mine;
My King does no evil at all but protects all his subjects evermore
I have companions in plenty in the village where I live
Men who are wide in their learning, with their passions all quenched
And with humility and modesty in all their ways.

Purananuru, 191.

The support given by the family and the community at large (*monarchy* of the old days or the *democracy* of the present days) is vital to preserve the mental health of the aged.

We have seen some of the problems of the elderly in the Tamil Nadu of yore through some of its poets and mystics. The problems remain today, probably with additional ones. We have understood many of them through advances in medical and behavioural sciences. We are confident of handling the challenge of the rising tide of senium and senility in our midst.

The Purananuru poems are translated by Mr. Sesha Iyer and Appuswami respectively.

REFERENCES

Butler, F. N. and Lewis, M.I. (1973): Ageing and mental health: Positive psychosocial approaches. Mosby, St. Louis.

Gelder, M., Gath D. and Mayou R. (1989): Oxford Textbook of Psychiatry. Oxford University Press, Oxford.

Lofgren, L. B. (1989): Erik H. Erikson. In Comprehensive Textbook of Psychiatry, V Ed. Kaplan H. I. and Sadock B.I., Williams and Wilkins, Baltimore.

WHO (1972): Technical Report Series No. 507, Psycho-Geriatrics report of a WHO scientific group.

WHO (1986): Dementia in later life. WHO Geneva, Research and action - Report of a WHO Scientific group. Technical Report Series 730. WHO Geneva.

PSYCHIATRIC INSIGHT OF POET KANNADASAN

The presence and the nature of psychopathology amongst great creative personalities of the world are mentioned. A short biographical sketch of the Tamil poet Kannadasan is given. His poems corresponding to the states of retarded depression, agitated depression; the lack of libido in the depressed and the elated mood are given.The corresponding descriptions in the original writings of Kraepelin are given and the great similarities are stressed. The mood-swings experienced by the poet are mooted to be basis of these descriptions.

The psychopathology found amongst the outstandingly creative personalities in various fields as science, music, politics, art, philosophy and literature and the debate whether genius is the highest expression of humanity or mental abnormality are intrinsically interesting. Several articles relating to these areas are discussed in erudite fashion by various workers, notably by Andreasen (1987), Jamison (1989) and more recently by Post (1994). A link between creativity and tendency to affective disorders has become widely accepted (Hare, 1987) and there have been numerous publications, most recently by Jamison (1993). advocating a specific relationship between creativity and manic-depressive (bipolar) disorders. Post has noted the alcohol abuse consistently at a higher rate amongst writers and artists; 72% of novelists and playwrights suffered from depressive conditions. Having no less than five sexual partners is considered normal by his standards and hence he does report a remarkable amount of sexuality in his sample.

The example of Poet Kannadasan could be studied in the light of these findings. Kannadasan is a remarkable Tamil poet who dominated the Tamil film world from 1948 till his death in 1981. He has composed over 3000 songs, most of which reverberate in the electronic media of not only South India but, also over Sri Lanka, Malaysia, Singapore, Mauritius, etc. His film songs have been translated into other Indian languages and Russian. He was appointed Poet Laureate of Tamil Nadu by the State Government and he had extensively toured these areas and was enthusiastically welcomed and listened to by Tamil audiences in various European countries and U.S.A. He has written an interesting autobiography covering a major part of his life. After relinquishing his earlier atheistic views, he become an ardent enthusiast and wrote a book entitled *Meaningful Hinduism*. His translation of *Bhagavad Gita* to Tamil is simple and understandable to ordinary readers. He has also written a number of poetic works not intended for Tamil films, which are much appreciated.

Going through his autobiography mentioned earlier and listening to the anecdotes mentioned by his numerous friends (and his critics) and admirers, one can readily conclude that he was subject to severe mood swings especially depressions. In some of the exalted phases, abuse of alcohol and sexual exploits were very common. It should also be noted that Kannadasan was a much-married man with an enormous family. Even though his mood

swings had not required psychiatric treatment, Kannadasan was treated for alcoholism and weaned from substance abuses. His last illness which could *not be successfully treated in 1981 in the U.S.A. bore the scars of the various* abuses to which his organs were subjected.

It is to be noted that the Sahitya Academy at New Delhi is planning to release his *biography and some of his songs shortly.*

It is proposed to exemplify his intimate personal feelings present in the states of elation and depression which are so masterfully dedicated in some of his well-known poems. It is also proposed to compare them with the vivid phenomenology given by Kraepelin in his original work *"Manic Depressive Insanity"* (1921)*; which remains unsurpassed even today.*

A picture of retarded depression is depicted below:
(see Appendix for Tamil)

1. மயக்கம் எனது தாயகம்
மௌனம் எனது தாய்மொழி
கலக்கம் எனது காவியம் – நான்
கண்ணீர் வரைந்த ஓவியம்!
பகலில் தோன்றும் நிலவு - கண்
பார்வைக்கு மறைந்த அழகு
திரை மூடிய சிலைதான் – துன்பச்
சிறையில் மலர்ந்த மலர் நான்!
நானே எனக்குப் பகையானேன் - என்
நாடகத்தில் நான் திரையானேன்
தேனே உனக்கு புரியாது - அந்தத்
தெய்வம் வராமல் விளக்காது!
விதியும் மதியும் வேறம்மா - அதன்
விளக்கம் நான்தான் பாரம்மா!
மதியில் வந்தவள் நீயம்மா - என்
வழி மறைத்தவள் விதியம்மா!

குங்குமம்

Suspended am I in this stupor permanent
Trapped with silence as my only vent
My story is *but one of turmoil and strife*
T'is a portrait of tears on the canvas life
Like a statue inverted its grandeur unknown
Blooming amidst sorrow-my sad life has been borne
A victim *of myself - I stand lone and forlorn.*

With reference to anxious depression here is the song:

2. எங்கே நிம்மதி எங்கே நிம்மதி
அங்கே எனக்கோர் இடம் வேண்டும்
எங்கே மனிதன் யாருமில்லையோ
அங்கே எனக்கோர் இடம் வேண்டும்

எனது கைகள் மீட்டும் போது
வீணை அழுகின்றது
எனது கைகள் தழுவும் போது
மலரும் சுடுகின்றது
என்னைக் கொஞ்சம் தூங்க வைத்தால்
வணங்குவேன் தாயே
இன்று மட்டும் அமைதி தந்தால்
உறங்குவேன் தாயே.

புதிய பறவை

Where is that elusive haven of peace
The refuge that my troubled soul seeks
Far, far, from the abode of men
Blissful solitude, it is my soul's yen
My cursed fingers evoke only tunes of sadness
My tortured touch scorches the petal's softness
How hellish is a soul in harness
And my life - the birth of His thoughtlessness
I will worship thee, my God
Give me sleep to-night
Give me peace to-night
Give me sleep to-night.

When a lustful female makes forceful overtures to an unwilling male who is obviously depressed and distracted, he spurns them with bitterness:

3. கால தேவனின் கலக்கம் – இதைக்
கானல் என்பது பழக்கம்
ஒரு ஆணும் ஒரு பெண்ணும் – பெறப்
போகும் துன்பத்தின் துவக்கம்!
உடலும் உடலும் சேரும் வாழ்வை
உலகம் மறந்தலென்ன? – தினம்
ஓடி ஆடி ஓயுமுன்னே
உண்மை அறிந்தலென்ன?
இது ஓட்டை வீடு ஒன்பது வாசல்
இதற்குள்ளே ஆசை என்ன?
பாயில் படுத்து நோயில் விழுந்தால்
இதற்குள்ளே ஆசை என்ன?
இது ஓட்டை வீடு ஒன்பது வாசல்
இதற்குள்ளே ஆசை என்ன?
பாயில் படுத்து நோயில் விழுந்தால்
காதல் கானல் நீரேட! – இது
மேடு பள்ளம் தேடும் உள்ளம்
போகும் ஞானத் தேரே!
நான் வாழ்ந்து பார்த்து சாய்ந்த தென்னை
உன்னை நீ மாற்றி விடு!

தரிசனம்

The time calls it love, it is ephemeral and transient and
a mirage in a desert, an origin of misery for the pair
Why not forget physical union and realise truth after the days turmoil

> Why this vain attachment to this shattered house with nine gateways
> Decrepit, diseased body on the mat and love evaporates
> Have lived my life and now I am a fallen oak
> My soul seeks Gnana and you change desire.

The various psychic symptoms of different facets of depression painted by the poet could be compared with the phenomenological description of depressive illness collected by the astute clinician, Kraepelin after closely observing his patients in Munich, written in 1922. This early description of the clinical syndrome is selected because we get a very clear and detailed description unmodified by effective treatments and the disease running a natural course.

> The inhibition of thought is detailed, it is observed, more or less strongly marked, almost everywhere in depression. The patient exhibit an incapacity, often very painfully felt by themselves to order their own ideas aright. The train of thought must be laboriously spun out by a special effort of volition. Thus arises a great dullness and retardation of thought.
>
> The fundamental mood in the states of depression is most frequently a sombre and gloomy hopelessness. The patient has "whole hundred weights on him", is lacerated with grief, has lost all spirit, feels himself deserted,without any real aim in life. He has no pleasure in anything.
>
> In depression, inhibition of will, the complete antithesis of pressure of activity, generally appears. The performance of actions is made difficult, even impossible. The slighter degrees of the disorder are seen in the indecision of the patients.

It is not difficult to see the similarities between this description and the first poem cited above.

Anxious excitement occuring in depression is described:

> The patients display a more or less lively restlessness, cannot sit still, do not remain in bed, run about, hide in corners, try to escape. They whimper, groan, sigh, scream, wring their hands, tear out their hair, beat their head, pluck at themselves and scratch themselves, cling to people, pray, kneel, slide about on the floor, beg for mercy, for forgiveness.

The second poem depicts many of the features of restlessness of the body and the mind; also note de-realisation and insomnia, mentioned in the song.

The strong aversion to sexual union, the dislike of amorous thoughts and advocacy of abstinence and renunciation are especially featured in the third poem.

The features of exalted mood are found in the following songs.

4. உலகம் பிறந்தது எனக்காக
ஓடும் நதிகளும் எனக்காக
மலர்கள் மலர்வது எனக்காக - அன்னை
மடியை விரித்தாள் எனக்காக!...
காற்றில் மிதக்கும் ஒலிகளிலே
கடலில் தவழும் அலைகளிலே
இறைவன் இருப்பதை நானறிவேன்
என்னை அவனே தானறிவான்!...
தவழும் நிலவாம் தங்கரதம்
தாரகை பதித்த மணிமகுடம்
குயில்கள் பாடும் கலைக்கூடம்
கொண்டது எனது அரசாங்கம்!...

பாசம்

The universe was created for me alone
With its flowing rivers and its blooming flowers
The fruition of Nature and of motherhood itself
Were directed towards my existence alone
In the sounds wafting across the breeze
In the waves kissing the sandy shore
Aware am I of the Lord's presence
And He acknowledges my existence
My golden chariot, it is the majestic moon
My throne - it is studded with the glittering stars
My court echoes with nightingale's songs
I am the monarch of all creation.

5. ஒரு கோப்பையிலே என் குடியிருப்பு
ஒரு கோலமயில் என் துணை இருப்பு
இசை பாடலிலே என் உயிர் துடிப்பு
நான் பார்ப்பதெல்லாம் அழகின் சிரிப்பு!
காவிய தாயின் இளைய மகன்
காதல் பெண்களின் பெருந்தலைவன்
பாமர ஜாதியில் தனி மனிதன் – நான்
படைப்பதனால் என்பேர் இறைவன்!
மானிட இனத்தை ஆட்டிவைப்பேன் - அவர்
மாண்டு விட்டால் அதை பாடி வைப்பேன்
நான் நிரந்தரமானவன் அழிவதில்லை - எந்த
நிலையிலும் எனக்கு மரணமில்லை!

இரத்த திலகம்

My mainstay – it is the cup of intoxication
A dancing damsel is my constant companion
My heart beats to rhythms of musical intonation
And it is sights of beauty alone that I envision
An offspring of the Muses am I; Of me do maidens dream and sigh
A being unique among men am I; A creator of art whom men deify
I shake up the world, I create sensation
I live to write of mortal decimation
External am I - never facing extinction
With immortal fame - I am above destruction.

Now, let us look at the clinical features of the exalted state described by Kraepelin:

> Mood is mostly exalted in mania, and in lively excitement, it has the peculiar colouring of unrestrained merriment. The patients are *pleased, 'over-merry' or 'quietly happy', visionary, 'more than* satisfied' 'Cheerful in this beautiful world', they feel well, ready for all possible sport and banter, 'penetrated with great merriment', they laugh, sing and jest.
>
> The flight of Ideas often becomes very 'distinctly noticeable to the patient's own perceptions. They complain that they cannot concentrate or gather their thoughts together. The thoughts come of themselves, obtrude themselves, impose upon the patients.
>
> The ideas of greatness often bear more the stamp of half-jocular, swaggering and boastful exaggeration, emerge as creations of the moment and again disappear. They include assertions that they are Messiah, the Pearl of the World, Queen of Heaven, Almighty God, etc.
>
> By far the most striking disorders in manic-depressive insanity is found in the realm of volition and action. The morbid picture is dominated by pressure of activity; here we have to do with general volitional excitement.

It is easy to see most of the features illustrated in the above two songs. The feeling of being at the top of the world, that universe is existing for self, and the claim of immortality are evident. *The love for women and alcohol which* are so characteristic of manic states are openly expressed. It is here worth mentioning that alcoholism and substance abuse, which co-morbidly present with bipolar affective states, became a serious problem with the poet *necessitating* psychiatric treatment.

It is quite possible for some of the great poets and writers to delineate psychiatric syndromes without necessarily suffering from them. To instance a few examples we mention the descriptions of paranoia states by Dickens and Hardy, mental retardation by *Steinback, alcoholism* by Maugham. The experience of some of the syndromes leaves unmistakable impressions in some writings - epileptic seizures in Dostoevsky, the schizophrenia in James Joyce and depression in Aldous Huxley and Ernest Hemingway and others.

Similarly it could be concluded that the experience of subjective *swings must* have contributed not in the least degree to the accurate and masterly delineations of affective syndromes by Kannadasan. It is not certain whether the pathological extensions of these states required psychiatric treatment.

It is suggested that further studies could be undertaken in this area when complete biographies are likely to be available in the near future.

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REFERENCES

Andreasen, N.C. (1987): Creativity and mental illness: Prevalence rates in writers and their first degree relatives. American Journal of Psychiatry 144, 1288-1296.

Hare, E. (1987): Creativity and mental illness. British Medical Journal 295, 1587- 1589.

Jamison, K.R. (1989): Mood disorders and patterns of creativity in British writers and artists. Psychiatry 32, 125-135.

Jamison, K.R. (1993): Touched with Fire. New York: Free Press.

Kraepelin, E. (1921): Manic Depressive Insanity. Edinburgh: E and S. Livingstone

Post, F (1994): Creativity and Psychopathology: A study of 291 World-famous men. 165, 22-34.

TAMIL REFERENCE ON KANNADASAN

(1), (2) and (3) Kannadasan: (1987), (1988) and (1994): Film songs, Vanadhi Pathippagam, T. Nagar, Madras.

(4) Vana Vasam (1989): Vanadhi Pathippagam.

SIDDHA AND OTHER INDIAN SYSTEMS OF MEDICINE AND PSYCHIATRY

Psychiatry in Siddha (Tamil) System of Medicine

Psychiatry in the Siddha system of medicine is reviewed. The etiology, clinical presentation, classification and treatment of mental illness according to this system are discussed.

There have been two systems of medicine in India. One is Tamil Siddha system which flourished in South India and the other one being the Ayurvedic system which prevailed in the North. Psychiatry in Ayurvedic System has been elaborately described by Varma (1965) and Satya Paul Gupta (1977). The Siddha system is a contribution of Dravidian culture which is considered as one of the oldest cultures in the world. The Siddha system of medicine is ancient and references to this system are found in works like *Thirumanthiram* and *Thirukural* which are ancient Tamil literature.

The Siddhars were men who have attained 'Ashtama Siddhis' i.e. the eight supernatural powers. The Siddhars belong to a school of great knowledge which originally consisted of 18 members known as Nandivarga Siddhars. Sage Agasthiyar who was the chief of the Siddha School was a celebrated philosopher, grammarian and physician. Some of his works are still standard text books of medicine in daily use for Indian Medical Practitioners. Siddha system of medicine is a science of positive health. It gives ways and means to attain perfection in body and mind and to attain immortality. The object of this system is to prevent disease by careful dieting, activities and relaxation. Siddhars formulated this system after a scientific study of nature and its elements, experimenting with human body and mind. The glory of Siddha system lies in the use of metals and minerals, whereas there is no mention about it in earliest Ayurvedic treatises (Narayanaswamy V.,1975).

Humoral Theory

According to Siddhars the basic physiological functions of the body such as movement, heat production and regulation, and electrolyte balance are maintained and mediated by three humours called **'Mukkutram'**. They are **Vali, Azhal** and **Iyam** representing the creation, protection and destruction which can be correlated as anabolism, metabolism and catabolism. **Vali** means gaseous substances of the body and represents the movement, activity, sensation etc, of the body. **Azhal** means temperature of the body and represents metabolic activities of the body like absorption, assimilation and thermogenesis. **Iyam** means fluid of the body and represents the control and stability of the organism. If these three humours function harmoniously in the proportion of 4 : 2 : 1 then there is positive health. Any alteration among these humours causes both physical and mental illness.

If Vali is in excess, the following symptoms occur: tremors of the hand, sleep disturbance, physical and mental tension, incoherent talk, giddiness and fear. If Azhal is excessive, there will be excessive hungerburning sensation all over the body and lack of sleep. If Iyam is excessive, the following symptoms

occur: loss of initiative, excessive salivation, chills, obesity and excessive sleep. The functions of these three humours can be assessed and the disease can be diagnosed by means of 'Nadi Parthal' i.e. pulse reading. This method of Nadi Parthal to diagnose the disease and predict the prognosis is a unique method of Siddha system of medicine which is unparalleled in the history of medicine all over the world.

Physiognomy and Temperament

In Siddha treatises, greater emphasis has been laid on physiognomy and temperament of human beings. This can be seen in *Thega Ilakkanam* i.e. *Classification of constitution of body* or somatotyping in the Siddha literature. The somatotyping has been done in Siddha system into three major categories such as Vali Udal, Azhal Udal and Iya Udal based on the predominance of Vali, Azhal and Iyam respectively.

Vali Udal: This person will have slender and tall body, walks with a noise, is black, has thick eye lids and sunken eyes with muddy conjuctiva, has dull look, hair dry and bald, has tendency to over-eat and has liking for sour, salty and warm foods. He is inconsistent in speech, diet and emotions; has inadequate sexual feelings, likes to humiliate others. He is hostile, unsympathetic and below average in intelligence.

Azhal Udal: This person has moderate build, reddish face, fair skin, sparse brown hair with impressive look, excessive thirst and hunger, liking for sweet and cold foods. He is heroic and has aggressive tendencies; he is talkative, sympathetic, modest, intelligent and respects morality.

Iya Udal: This person is obese with long upper extremities, broad forehead and chest, has dark dense eyelashes with lustrous eyes and the skin is shining. He eats excessively, enjoys eating, has good strength and more endurance; is constructive, tolerant to hunger, thirst, fear and heat; sexually more potent and highly modest and sociable; has profound knowledge about things and persons; is skillful and inquisitive, with good memory; has lasting friendship with others.

In addition to the three major types, six subtypes had been described. They are :

1. Vali-Azhal Udal
2. Azhal-Vali Udal
3. Iya Vali Udal
4. Vali Iya Udal
5. Azhal-Iya Udal
6. Iya-Azhal Udal

This type of classification of constitution may be compared with the modern somatotyping of Kretschmer and Sheldon.

Kirigai Maruthuvam

Kirigai Maruthuvam, the Psychiatry in Siddha system of medicine is propounded by several Siddhars of whom the mosl important ones are Agasthiyar, Voogi and Theraiyar. Their descriptions are phenomenological. The unifying factor in Siddha Psychiatry is the importance laid on the imbalance of three humours, especially the predominance of Azhal humour over the other two. The Siddhars approved of the possible predisposition to mental illness due to constitutional make up, seasonal variation and other variables like dietetic habits, age and sex of individuals. They discarded the theory of demonology with which the West was plagued for several centuries. Siddhars' approach was more scientific and could be seen from the etiology enumerated by them.

Agasthiyar in his work *Agasthiyar Iyantha Sasthirangal* narrates etiological descriptions of mental illness. A remarkable account of etiological factors of mental illness has been given in *Agasthiyar Kanagamani Nooru.*

The following are the causes described: Excessive anger, sexual perversion, impounding guilt, offensive smell and fumes of cremation, sleeplessness, conflict, agitation, worry, sudden loss of wealth due to robbery, fear of enemy, exhaustion, due to wandering, toxic substances, constant suffering, bereavement, drug abuse like ganja and abin, blameworthy activity, fear of higher authority and malicious activities.

Clinical Varieties

Siddha system of medicine, as already discussed, classified the clinical variety of mental illness based on the symptomatology. A closer scrutiny reveals a very good scope of correlation with modern clinical variety of mental illnesses like schizophrenia, mania, depression, convulsive disorders, neurotic illness, drug dependence, toxic psychosis etc. In Siddha system of medicine many treatises are available on clinical varieties. Among them *Agasthiyar Manidar Kirigai Nool-64* and *Yoogi Chinthamani-800* are noteworthy.

Kirigai Nool-64

This book was written by sage Agasthiyar, the Father of Tamil Siddha Medicine. It deals with about 18 varieties of functional psychoses. A close scrutiny of this book reveals the description of schizophrenia and manic excitement.

Schizophrenia, Catatonic withdrawal State: Among the 13 varieties mentioned, the 4th VADHAKIRIGAI, the 5th SLETPANA KIRIGAI the 13th ALAR KIRIGAI and 15th MOODU KIRIGAI describe the clinical symptoms of catatonic withdrawal state.

The symptoms described are: lying on the floor, mutism, chillness of the body, wandering, grinding the teeth, beating on the floor, weeping and muttering, at times mannerism, sleeplessness, bewildered look, frequent removal of clothes, and standing naked.

Catatonic Excitement: 12th variety MUNANGAL KIRIGAI, the 16th variety VALLIPU KIRIGAI and the 18th one PEIPIDI KIRIGAI describe the clinical symptoms like talking to oneself, shouting at others, mannerism, restlessness, running here and there, wandering, tearing of clothes, abusing and biting others, rolling on the floor etc.

Chronic Schizophrenia: The following varieties (1) ANAL KIRIGAI (2) PITHA KIRIGAI (3) ECHIL KIRIGAI (7) BOODHA KIRIGAI (8) JALA KIRIGAI (10) KALLERI KIRIGAI and (11) KUMBIDU KIRIGAI describe the features of chronic *schizophrenia like saluting other men and animals*, collecting and eating rubbish, tearing the clothes and remaining naked, smearing motion and urine over the body, rolling on rubbish, banging on the wall, pouring water on the head, drenching in the rain, obeying the commands of others blindly, neglecting food and hygiene, biting others, pelting stones, weeping, abusing and assaulting others, etc.

Mania: The 6th variety NADHAVINDHU KIRIGAI, the 9th variety MOHINU KIRIGAI, 14th variety MARUTTU KIRIGAI and the 17th one NEERKUDI KIRIGAI describe the symptoms of manic excitement like embracing others, angry with the crowd, running-jumping and wandering tendencies, spitting on others, abusing, sexual aggression, laughing on seeing females, excessive talking, neglecting food, exhilaration, making fun of others, dancing and singing etc.

YOOGI CHINTHAMANI-800

The book *Yoogi Chinthamani-800,* written by Yoogi Siddhar elaborately deals with both physical and mental illness. It describes functional psychosis, neurosis, somatoform disorders, toxic psychosis etc.

The **catatonic withdrawal** symptoms are described under the heading VERI AZHAL NOY and THAMANDHA AZHAL NOY. The symptoms of catatonic excitement are described in PERU IYA NOY. Chronic Schizophrenia is described in MOODU PITHAM. Manic excitement is described in stanzas under the heading AZHAL PITHAM, ODU PITHAM, MARKEYA PITHAM and VERI IYAM. The symptoms of manic excitement like dancing, jumping, making fun of others, grandiosity, excessive sexual play, wandering tendencies, aggression, abusing others, dryness of mouth, discolouration of skin and exhaustion are described in those stanzas.

Depressive Psychosis: The symptoms of psychotic depression are described vividly under the heading HARA PITHAM. The symptoms described are: Sitting alone, not talking with anybody, dehydration, loss of

energy, loss of courage, loss of appetite, wandering at times, sleeplessness, frequent loss of memory and hypochondriacal symptoms.

Toxic Psychosis: Under Nanju Vali, toxic psychosis due to extraneous poison is described. Symptoms like perceptual disturbances, fear, restlessness, bewilderment and symptoms of other delusional features are described.

Neurosis: Neurotic conditions like hysteria and depression are described under Thimir Vali and Manovali.

Hysteria: Under Thimirvali, a lucid description of hysteria can be seen. Symptoms like standing with folded upper limbs, restlessness, belching, laughing, dancing and singing, frequent change of posture, embracing others, sleeplessness etc., are described.

Neurotic Depression: Under Manovali the causes for Neurotic depression with symptoms have been described.

Mixed neurotic state with anxiety-hypochondriacal features are also described: symptoms like headache, pain in the joints, dryness of mouth, shivering of the body, tremors of hands, palpitation, sweating, diarrhoea, choking sensation in the chest and inability to do anything, have been described. This book describes chronic mental illness also under the heading *THEERAPITHAM.*

Convulsive Disorders

A *classical description* of convulsive disorders is available in Siddha Medical Literature. Different varieties of convulsive, disorders have been described with a note of general etiological factors for them. Among them, certain important convulsive disorders are highlighted here.

Grandmal Epilepsy: Under Kakkai Vali the following symptoms are described: staring look, dryness of mouth, irrelevant talk, increased pharyngeal secretion, rolling of eyeball upwards, tonicity of limbs, generalised convulsion with frothing in the mouth and incontinence of urine and motion.

Partial Adversive Seizure: Under the heading Puppini vali the description of symptoms like pulling of tongue inside and facial muscles to one side, rotation of the neck to lateral side etc., have been described.

Reflex Epilepsy: Under the heading Muyal Vali an apt description of Reflex Epilepsy precipitated by hot water is given. According to the verse, this type of epilepsy starts by contact of hot water either by look or pouring the hot water on the head. *Convulsion first starts on the facial muscles*, with frothing in the mouth, later developing into a generalised one.

Febrile Fits: Under Sura Vali and Iya Vali the description of febrile fits is seen. The former refers to the state of fever with convulsion and the latter refers to the state of convulsion with upper respiratory infection.

The Siddhars described under Marana Vali the state of **terminal anoxic fits.**

TREATMENT OF MENTAL ILLNESS:

In *Manidar Kirigai Nool-64*, Agasthiyar describes 18 varieties of medicines for the 18 types of functional psychoses mentioned.

In addition to this he also describes a general medicine for all the clinical varieties. According to the route of administration of the medicine, he divides them into 6 groups:

1.Thuvalai	Anointing, external aplications
2. Vedhu	Fumigation
3. Ullakku Koduthal	Oral route
4. Nasium	Nasal application
5. Kallikam	Ocular application
6. Mandiram	Psychotherapy

Thuvalai: The medicinal plants such as Consipium herbaceum, Vitex nigundu, Solanum verbacifoilum and kattu mullai are ground with buttermilk into paste form and smeared all over the body.

Vadhu Piditha: Using the charcoal of coconut shell, the medicinal leaves of Acalypha Indian, Crotolarla Vorucosa, Acanthus aspera are put on fire to produce fumes which are inhaled by the patient.

Ullukku Kodutha: The above said medicinal leaves with piper longum are pulverised and administered orally after mixing the same with water.

Nasium: The drugs auch as Vitex nigundu. Acanthus aspara, Allium sativam are ground with gingili oil to a dry consistency and the same is sniffed through nose.

Kalikkum: The drugs are such as Acorus calamus, Santalum album, piper nigrum, Mimusa elangi, Allium sativam, Curcuma longa are ground, made into pills and dried in the sun, which are mixed with breast milk and applied on the eyelids.

Manthiram: In addition to treating the mental illness with drugs applied through the five sensory organs, Agasthiyar lays emphasis on treating the 'psycho' with Mandhiram i.e. Psychotherapy. This is attempted by removing the unhealthy thoughts, behaviour, postures etc., of the mentally ill and replacing them with good thoughts (Eyamam), traits (Niyamam) postures (Asabam) etc.

On the Ullukku Koduthal form of treatment there exists a general medicine for functional psychoses and even convulsive disorders. It is called as 'Peranda Parpam' which is prepared by grinding human skull bones or of animals like dog with lime or ginger juice and then calcined. Asinine milk is said to be good substitute for lime or ginger juice. This parpam is available in **Arignar Anna Hospital for Siddha Medicine** Arumbakkam, Madras and also marketed by **IMPCOPS**, Adyar, Madras. The dosage is 100 to 300 mg of parpam per day given along with milk or ginger juice.

Convulsive Disorders

Regarding treatment of convulsive disorders, different medicines had been prescribed. Before starting any drug, the patients gastrointestinal system is purified by purgatives. The medicines are administered through different routes. In oral routes liquids, parpams, chenthurams, thailams and mozhugu (wax) are given. Among the thailams, Onan Sudar Thailam is prepared and used as an important modification in Clinical Research Unit (Siddha),under CCRAS for convulsive disorders. For external application also various thailams are used. Through nasal route, different types of fumigation, inhalation of drugs in liquid form are employed. In addition to these, certain medication are used as eyetex or eye drops. (Kuppusamy Mudaliar, K. N. 1954).

Medicines used in treatment for Depression :

Herbal medicines like Tibospora cardifolia, Glycyrrhiza glabra, three myrohelansthres pungeats, Elatteria cardamonum, Syzygium aromaticum, Myristica fragrens, Taxvus baccats, Cinamomum weight, Cumminum cynium, Solamum trilobatam are powdered and mixed with a syrup made up of sugar and milk. Required quantity of honey and ghee is added and then administered as lehiyam *(Yoogi Munivar Vaidya Chinthamani, 1976).*

Medicines used in the treatment for impotency :

For impotency, the kernel of mango seeds, cashew nuts, sebastum, plum seed and wheat are ground with exudate of country fig, made into paste and dried. To this equal parts of ghee and sugar are added and powdered. 3 to 5 gms are given twice a day for 40 days.

Medicines used in the treatment of acute toxic disorders:

Any one of the following drugs are administered orally:

Breast milk
Sugarcane juice
Vallarai ney
Brami ney
Thanneer Vitanney

(Kuppusamy Mudaliar K. N. - 1954)

Medicines used in the treatment of acute drug abuse and alcoholism :

Any one of the following drugs are administered orally. Based on the quality and quantity of the drug consumed, mental status and constitution of the individual, the drugs are administered:

Ginger Juice
Lemon Juice
Sugar cane Juice
Vinegar
Cumminseed
Oxalis carinculata
Grape Juice

(Kuppusamy Mudaliar K.N. 1954)

Drugs for memory improvement :

The following substances are powdered and taken three times a day for few days for the improvement of the memory :

1. Tinospora cordifolia
2. Achyranthea aspera
3. Embellia ribes
4. Bauesurea lappa
5. Asperagus racemosus
6. Acorus calamus
7. Clerodydron inerma (Sarabhendra Vaidya Rathinavali 1965).

This paper will not be complete if mention is not made of the Siddhar's thoughtfulness in including alcoholism and drug abuse also as disease entities and prescribing suitable medicines. For these conditions, reference could be found in the book *'Jeeva Ratchamirtham'*. Even though medicines for every clinical variety of psychiatric illness are clearly mentioned in the Siddha literature, proof to the efficacy of these medicines is not available. If scientific researches are conducted, the historic and ancient gifts of Siddhars can be brought within the reach of common man especially the villagers.

Siddhars were, as already mentioned, interested not only in the diagnosis and treatment of illness but also in the prevention of illness, promotion of health and arresting ageing process, maintaining youth and prolonging life without getting senility. Thus to preserve the health of human body, and to make it as strong as stone, several KAYA KARPAMS were produced. The Karpams are classified as General Karpams and Special Karpam. While the former was used as preventive, the latter was used as curative medicine for specific illnesses. The Karpams were of three forms viz.(1) Mooligai Karpam (Herbal) (2) Thadhu Karpam (Metallic preparation) (3) Yoga Karpam.

The Herbal Karpam and Yoga Karpam are described in detail in *Theraiyur Yamaha Vemba* and *Karurar Vadha Kaviyam*. Thadhu Karpams (metallic preparations) are described in *Agathiar Chendooran-300.*

CONCLUSION

Siddha system of medicine which dates back to early B.C. is an excellent scientific work rendered in poetic form. The disease entities are thoroughly classified and symptoms are minutely described. Remedy wherever possible is given and limitations of medicine accepted in terminal diseases. Psychiatry is a recognised branch of medicine in Siddha system and is called as **KIRIGAI MARUTHUVAM**. Somatotyping is done on the basis of proportion of humours called Vali, Azhal and Iyam and the temperament associated with each type is also minutely described. The in-depth study of the disease by Siddhars are understood from the classification of epileptic disorders and symptoms of various psychiatric illness which are recognisable as Chronic Schizophrenia, Catatonic withdrawal, Catatonic Excitement, Mania, Reactive depression. Hysteria, Toxic psychosis, Depressive psychosis etc. Etiology and treatment of the same are given in the verses themselves. Treatments through various routes of application such as oral, nasal, skin etc. are described. The use of metallic preparations and minerals shows the height of civilisation achieved by Siddhars. The efficacy of their preparations stands the test of time as is evidenced by the use of Peranda Parpam for certain psychotic conditions even today. There is evidence in the text to show that Siddhars attempted psychotherapy and promoted longevity through Kaya Karpams.

The underlying philosophy of Siddha system is not only curative but also preventive which clearly indicates the far advanced stage the Siddha System had reached in such an early period.

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REFERENCES

Gupta, S. P. (1977): Psychopathology in Indian Medicine (Ayurveda) Ajaya Publishers, Aligarh, India.

Kuppuswamy Mudaliar, C. M. (1954): Siddha maruthuvam. Govt. of Tamil Nadu Publications, Madras (in Tamil).

Narayanaswami V. (1965): Introduction to the Siddha system of medicine. S.S. Anandan Research Institute, T. Nagar, Madras.

Varma, L. P. (1965): Psychiatry in Ayurveda. Ind. J. of Psychiatry, 7: 292.

Yoogi Munivar Vaidya Chinthamani (1976): Arul mihu Patani Dandapani Book Publication Department. South India (in Tamil).

Seizure Disorders - Views Of The Indian Medical Systems

If more or less, three humors cause disease
The learned count the wind is the first of these.

Medicine, *Thirukkural*

The Indian Medical systems - *Siddha, Ayurveda and Unani* - have considered various mental disorders in their respective ancient texts, elaborated by Deb Sikdar(1961), Varma(1965) and Somasundaram (1984 and 1998). Here it is proposed to deal with another important disorder, seizure disorder. Historical aspects of this disorder in Western culture were covered by Temkin(1971) and subsequent periods by Berrios(1995) and Porter (1995).

Siddha system

The Siddha system of medicine was indigenous to the old culture of the Tamils, which is of great antiquity. It is still practiced in Tamil Nadu and other neighbouring countries where people of Tamil origin live. The term 'Siddhi' means achievement and Siddhars were men who achieved certain results in medicine as well as in yoga or tapas. According to tradition it was Lord Shiva who unfolded the knowledge of the Siddha system of Medicine to his consort Parvathi, who handed it down to Nandideva and from him to the Siddhars. The origin of Tamil language was attributed to the sage Agasthya and the Siddha system of Medicine was attributed to him. He was one of the 18 Siddhars who bequeathed their experiences in Medicine and yoga to posterity. A number of medical books are imputed to the sage, who probably lived in the 6th or 7th century B.C., evidence of which is provided in the *Rig Veda, Ramayana, Mahabharata* etc. A treatise on mental diseases called *Agasthiyar Kirigai Nool* is ascribed to him. Herein were described 18 psychiatric disorders with their appropriate treatments, which has been described in an earlier paper (*Somasundaram et al,1985*). The relationship between mental illness (i.e. Kirigai) and epilepsy is well recognized in this treatise wherein one of the disorders is called **Epileptic Insanity (Vallipu Kirigai)**: *"The subject wails out a loud cry followed by convulsions spread throughout the body, all the time moaning and writhing in pain associated with drooling of saliva, violent uncontrollable head shaking. The eyes are ruddy and turgid."*

The intimate relation between seizures and epileptic deterioration is recognized here. Siddha Classification of Epilepsy describes five major types:

1. **Kumarakandam** - an affliction named after hornless animals.
2. **Amarakandam** - disorder with ghastly features like hell.
3. **Bhramakandam** - *characterised by prolonged stupor.*
4. **Kakkai vali** - named after the crow.
5. **Muyal vali** - named after the demon, on which Lord Shiva performs his dance.

The sickness of the three pains, Kumarakandam: This affliction comprises of unending stomach-ache followed by diminution of vision with protrusion of tongue and distortion of lower jaw. There is stiffening of the neck due to severe pain around the shoulders. The features are attributed to three humors, namely the Vata, Pitham, Kavam.

Amarakandam: In this disorder there is restlessness due to a nagging pain and itching associated with increased perspiration and respiration. Sometimes the illness is so severe in form that the patient almost lays like a corpse, numb in pain. This experience is compared with a hellish experience.

Bhramakandam (*Kurangu vali*): The limbs are flaccid and gelid. The patient strains in pain and clenches his/her teeth associated with photophobia. The eyes are set staring lifelessly. The doctor invariably pronounces poor prognosis after examining the pulse in this condition. This condition is attributed to the foul interplay of the three humors.

Kakkai vali: This disease seizes the victim faster than the wind and extinguishes his life like Yama, the God of death. The features, which help to identify the victim of this illness, are: the eyes will be widely open with a constant upward gaze. The patient will have double incontinence with excessive chillness spread throughout the body. There is stiffness of limbs, collection of phlegm in the throat along with slurring of speech almost fitting the condition to a state of delirium. It should be remembered that the crow is the conveyance (vahana) of Saturn (Sani Baghavan).

Muyal vali: This form of epilepsy is precipitated by the proximity to or the sight of fire or water. It seizes the body and throws into convulsions with twitching of the facial muscles too. The saliva froths and dribbles. The entire body is heavy and writhes in pain. Muyalagan is the demon on which Lord Shiva performs his dance.

Most of the features of grandmal seizure are to be found in the above 5 types of description with considerable mixing up of details. We can deduce from the above description the epigastric aura, uterine sensations, flaccidity much rarer to the rigidity and reflux epilepsy produced by fire and water. Further 16 types are enumerated. Most of them are symptomatic and associated with pathological features or various types of pains and emotions.

1. Thimir Vali (? Stubbornness)
2. Konnu Vali (? Dyskinetic fits)
3. Chandala Vali (? Lethal fits)
4. Marana Vali (? Terminal fits)
5. Mano Vali (fits associated with tension, probably hysteria)
6. Nanju Vali (fits caused by external toxins)
7. Mukkutra Vali (associated with lust)
8. Iyya Vali (associated with suspicion)
9. Vil Vali (the body contorts like a bow)

10. Soora Vali (? Febrile fits)
11. Vikkal Vali (associated with hiccoughs)
12. Thalai Vali (associated with headache)
13. Kozhai Vali (associated with phlegm)
14. Odu Vali (fits produced by fever and exhaustion)
15. Marbu Vali (associated with chest pain)
16. Thamaraga Vali (associated with secretions of respiratory tract.)

Many of these confirm to symptomatic fits either physical or mental along with the associated features.

Ayurveda System

Apasmara which roughly corresponds to epilepsy was defined in Ayurveda as a disorder due to the derangements of the intellect and the mind characterized by loss of memory, loss of consciousness and convulsive movements of the body. In those persons in whom the **doshaa** had become excessive, deranged by addiction to unwholesome and unclean food; the **Sathuva,** quality of mind had become obscured by passion and ignorance, the brain had become occluded with morbid humors and the mind oppressed with worry, passion, fright, anger, grief and anxiety etc. There are four kinds which are described in the ancient medical literature on the basis of doshas the following are the kinds of apasmara (1) Vataja Apasmara (2) Pittaja Apasmara (3) Kaphaja Apasmara (4) Sannipataja Apasmara

Symptoms Of Endogenous Or Humoral Apasmaras

Vataja	Pittaja	**Kaphaja**
Nails, face, skin and eyes are red & dusky	They are ginger like green or Coppery	They are found in white or Pale in colour
Dribbling of frothy saliva from mouth	Stertorous breathing	Drooling of saliva from angle of mouth
Head drawn to one side, clenching of fingers and feet	Tossing on the ground	Falling on the ground. No strong convulsive movements are seen
Frequent attacks of transient unconsciousness and immediate regaining of consciousness	Frequent attacks like vattaja	Slowly becoming unconscious and regaining consciousness
Visual aura of jerky, fickle, harsh & dry red objects	Visual aura of blood, fierce terrifying, blazing & angry looking forms & of non-homologation to pitta causing factors	Visual aura of white hairy and glossy shapes & homologation of antagonistic kapha humor

The **Sanni Pataja apasmara** is called incurable due to combination of three humors. The symptoms are usually atypical and this apasmara has usually bad prognosis. The **vata** type of epilepsy is treated by means of the enemata, pittava epilepsy is treated mainly by virecana (the purgation) and kapha type of epilepsy mainly by vamana (the emesis).

As preventive measures morality and mental tranquillity are advised. Existing psychic causes like worry anxiety, greed, grief, passion should be avoided.Various drugs and massage therapy with the aid of oils like mustard oil, katabhyadi oil, triphatadya oil were recommended. Drugs like ghrtas (classified butter) Maha Panchgamya Ghrta, Brahma Ghrta were recommended.

Apatantraka is a disease caused by psychic causes with physical manifestations. When it occurs in women it is called yosapannana and resembles hysterical disorder. One of the manifestations, closely resembles pseudoseizures. The apatantraka shows the following symptoms

1. Fainting.
2. The body bends like a bow and causes convulsions of limbs.
3. Eyes are fixed in wide stare or remain closed.
4. Unconsciousness.
5. Cooing like a pigeon.
6. Making a mourning noise.
7. After relaxation of vata from heart, consciousness is regained.
8. Dreadful condition.
9. Difficulty in breathing.

Hence Madhavani danakara included apatantraka in apasmara but Susruta Samhita described it as apantanatraka (Gupta,1977).

Unani System

This system became popular during Muslim rule of the country and continues to be practiced even today in India. Najabuddin Unhammad (1222 AD) made a special study of mental diseases and described 7 varieties of illness. The treatment usually was purging and bleeding supplemented with nutritious diet. According to the Unani system of medicine, epilepsy is mainly due to the vicious humor accumulating in the blood.

Based on this theory there are 4 humors - (i) **Dum** sanguine blood
(ii) **Balgham** phlegm (iii) **Safra** yellow bile (iv) **Sauda** black bile

Humoral theory plays a vital role in the maintenance of health. Epilepsy is due to a block (sudda) in the roots of the nerves in the brain due to the accumulation of these humors. In treatment, after the patient recovers from the acute stage, the cause is identified and treatment is directed towards the causative humor. In case of the excessive sanguine humor, particular vein

section and cupping is suggested.Usually the first line of management are purgative medicines and cleansing agents like Jadwar-Ood-E-Salaib, Khamir-E-Abresham, Harim-Arshadwala are used. Sometimes even sneezing is induced.

As anticonvulsant therapy, hot oil massages with the following oils are prescribed: Roghan-E-Surkh, Roghan-E-Baboona etc. As an antiepileptic Dana-Us-Shifa is given with 120 ml of cow's milk.

Finally brain & neural health tonics like Itherifal-Usta-Khudoos, Dawa-Ul-Misk and Muatidil Jawahar Wali are given to nourish the neural tissue.

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REFERENCES

Berrios, G.E. (1995): Epilepsy. In : A History of Clinical Psychiatry, (Eds.) Berrios, G.E. & Porter R., London: The Athlone Press.

Gupta, S.P. (1977): Psychopathology in Indian Medicine. Aligarh: Ajaya Publishers.

Porter, R. (1995): Epilepsy. In: A History of Clinical Psychiatry, (Eds.) Berrios G.E. & Porter R., London: The Athlone Press.

Sikdar Deb, B.M. (1961): Glimpses of Medico-Psychological Practices in Ancient India. Indian Journal of Psychiatry, 3, 250.

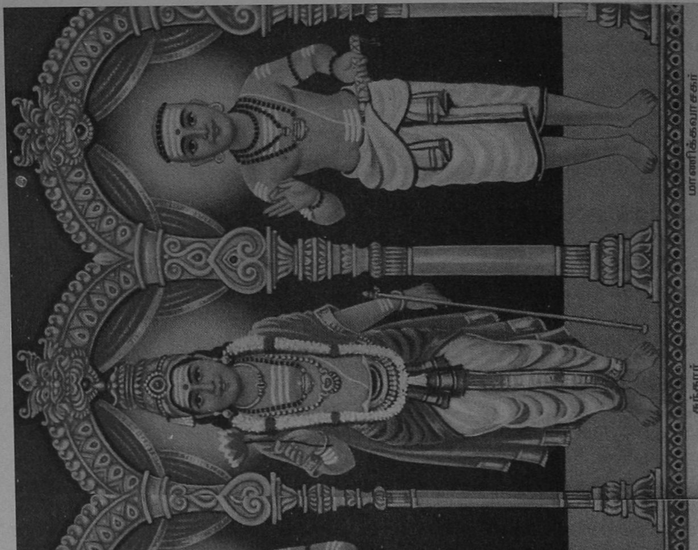
Somasundaram, O. (1984): History of Psychiatry in India. In : Psychiatry in India, (Eds.) De'Souza, A. & De'Souza, D.A., Mumbai: Bhalani Book Depot.

Somasundaram, O. (1998): History of Psychiatry in India, Souvenir Tanpsycon '98.

Somasundaram, O., Jayaramakrishnan, T. & Suresh Kumar, M. (1985): Psychiatry in Siddha (Tamil) system of Medicine. Indian Journal of Psychological Medicine, 9:38-45.

Temkin, O. (1971): The falling Sickness, Edn.2, Baltimore: Johns Hopkins University Press.

Varma, L.P. (1965): Psychiatry in Ayurveda. Indian Journal of Psychiatry, 7, 292.


திருஞானசம்பந்தர்
திருநாவுக்கரசர்
சுந்தரர்
மாணிக்கவாசகர்

DEVOTIONAL LITERATURE AND PSYCHIATRY

THE RE-CONVERSION OF SAINT APPAR TO SAIVISM

The incidents relating to the re-conversion of Saint Appar to Saivism are narrated. The physiological changes that could be responsible for religious and political conversions, brainwashing and extorting confessions are discussed with reference to Pavlov's work. The possible mechanisms underlying Saint Appar's conversion are speculated.

The re-conversion of Saint Appar to Saivism in the hagiography of the Tamil Saivite Saints in the 7th century A. D. is of utmost significance in the religious history of the country; it marked the beginning of the **Bhakthi Movement** which spread to all parts of the country and stemmed the onslaught of the non-Vedic religions of Jainism and Buddhism. Appar came of religious Saivite parentage in the vicinity of Panruti in South Arcot District of Tamil Nadu ruled by the Pallava kings, practising and nurturing Jainism. He belonged to a flourishing farming class and named *Marul Neekiyar*, literally meaning *'the dispeller of ignorance'*. His elder sister, Tilakavathy a great devotee of Lord Siva like her parents, was betrothed to a great warrior who was killed in an encounter with the enemies. At the same time, more tragedies struck the family; the parents died in quick succession. Distraught, the young woman wanted to commit Sati but was dissuaded by her brother and persuaded to live to care for him. She lived as an ascetic in the service of the deity of the local temple. At this time, a change came over Marul Neekiyar; he relinquished his ancestral faith and entered the famous Jain monastery at Thiruppappuliyur. He became so proficient in the practice and philosophy of Jainism that he was elevated to the leadership of the monastery and honoured as Dharmasena. He was at the helm of the religious order till he reached mid-forties. This progress in the alien religion was looked with great sorrow and despair by his sister; she untiringly prayed for a change in her brother lost to Saivism.

Dharmasena developed a severe and prolonged colic. Numerous Jain priests and medicine men attempted to cure him of his ailment. All of them failed in their efforts; Dharmasena became emaciated and suffered intolerable pain. He sent word to his sister to come and help him. She refused to enter the abodes of the Jains and in turn asked him to come to her place. On hearing this and unable to bear further pain, Dharmasena in the middle of the night left the monastery quietly. He had to walk a considerable distance in utter darkness to reach his sister. He prostrated at her feet and shed tears. The kind sister after uttering the sacred five-lettered NAMASIVAYA gave him the sacred ash, which he reverentially applied all over his body. At the early hours of the next day, he went round the temple and sung the first decad of his holy hymns which form the beginning of the 4th *THIRUMURAI*, pleading for his relief from pain and for the welfare of the mankind (5th and 6th *Thirumurai* are the contributions of Saint Appar to the twelve Saivite Canons). The intolerable pain dramatically left him. A voice from Heaven announced that henceforth Dharmasena should be known as *Navukkarasar* (literally the *King of Words*) and thus the long and saintly travels of Saint Appar of the

Saivite shrines of the South commenced.This short sketch of events describes the re-conversion of Saint Appar to the Saivite fold, which has to play such an important role in the religious and sociopolitical history of South India. The historic conversions of the great religious leaders like St. Paul to Christianity and the Wesley brothers to Methodism are very well described and discussed elaborately by Sargant in his classic study *Battle For The Mind* (1957) and *The Mind Possessed* (1973). He compares religious conversions with brainwashing and indoctrination practised by the dictatorial powers of the West and the East in the twentieth century, extortions adopted by the police to obtain confessions (perfected by the Nazi and the Soviet Secret Police) and not uncommonly by the police of the democratic countries. He also gives various examples of sudden and abrupt conversions from one system of faith and beliefs to a diametrically opposed one from various autobiographical studies, eg. A. Koestler. He even suggests that the 'insight' suggested by the analyst and accepted by the client may be of this nature.

Sargant refers to the historic studies on conditioned reflexes conducted by Pavlov in the beginnings of the century. He particularly alludes to the behaviour of the dogs at the time of the Leningrad floods. The higher functions of the cerebral cortex are studied by means of the conditioned reflexes. When subjected to stress almost intolerable to cope with, the central nervous system responded with states of brain 'transmarginal' inhibition. He regarded this as a protective mechanism normally employed by the brain as a last resort when pressed beyond endurance. Three distinct and progressive stages of 'transmarginal' inhibition were identified by Pavlov in the course of his experiments. The first he called the 'equivalent' phase of cortical brain activity. In this phase, all stimuli, of whatever strengths resulted only in the same response. The observation is comparable to the frequent reports by normal people in periods of intense fatigue that there is very little difference between their emotional reactions to important or trivial experience. This phase is succeeded by a 'paradoxical' phase in which weak stimuli produce livelier responses than stronger stimuli have done. The stronger stimuli are now only increasing the protective inhibition; but the weaker ones still produce positive responses. The third stage is 'ultra-paradoxical' positive conditioned responses suddenly switch to negative ones; and negative ones to positive ones. He also pointed out that the inhibitory phase of the CNS activity is associated with increased suggestibility. Sargant finds the application of the above principles capable of explaining religious and political conversions. The subject may first have to have his emotions worked upon until he reaches an abnormal condition of anger, fear or exaltation. If this condition is maintained or intensified by one means or another, hysteria may supervene, whereupon the subject can become more open to suggestions which in normal circumstances he would have summarily rejected. Alternatively, the equivalent or the paradoxical and ultra-paradoxical phases may occur. Or a sudden complete inhibitory collapse may bring about a suppression of previously held beliefs. All these happenings could be of help in bringing about new beliefs and behaviour patterns. Sargant further continues:

It has also been pointed out that those who wish to disperse wrong beliefs and undesirable behaviour patterns and afterwards implant saner beliefs and attitudes are more likely to achieve success if they can first induce some degree of nervous tension or stir up sufficient feelings or anger or anxiety to secure the person's undivided attention and possibly increase his suggestibility. By increasing or prolonging stresses in various ways, or inducing physical debilitation, a more thorough alteration of the person's thinking processes may be achieved. The immediate effect of such treatment is, usually to impair judgement and increase suggestibility and though when the tension is removed the suggestibility likewise diminishes, yet ideas implanted while it lasted may remain. If the stress or the physical debilitation, or both are carried one stage further, it may happen that patterns of thought and behaviour, especially those of recent acquisition, become disrupted. New patterns can then be substituted or suppressed patterns allowed to reassert themselves; or the subject begins to think and act in ways that precisely contradict his former ones.

Without detracting from the spiritual and mystical factors in his (Appar's) conversion, we can attempt to speculate on the physiological and mechanistic ones. There can be no doubt about the physical health of the Saint for nearly two decades. Like any other deeply religious Jain who lays great stress on ascetism and frugal subsistence, his poor health should have been still further shattered by the intractable abdominal pain which would have contributed to further inanition. The pain and mental anguish are described by the Saint himself to the Lord:

This throes-of-deathlike suffering you do not relieve me from
Wickedness many, commission thereof, I do not remember committing,
O Rider on the bull! Your feet, day and night never parting from them
Have I been worshipping ever; and always baffling my understanding
In the interior of my abdomen colic contorts and throws in convulsions
my intestines; Bear it, I, Your slave cannot O Lord who abide in
Veerattaanam of Athikai on the banks of Kedilam!

My heart as abode for You only have I reserved
Without thinking of You I know not of any occasion
Perfidy similar to this I am not aware of ever having seen
Contorting and cramping my abdomen
this thing which has turned to poison is tormenting me
You have not driven away from approaching me nor have You withdrawn
it from me neither do You say "Fear not" O Lord who abide in
Veerattaanam of Athikai on the banks of Kedilam!

The submissive one's sins You are capable of absolving
Receiving alms in a severed and bleached skull You wander about
when, after having boldly come to a decision

You do not relieve me of the colic which burns my entrails.
With ashes of the deceased You are capable of smearing your body
Is it not the duty of eminent people to put an end to the Karma
of those who have sought refuge with them O Lord abiding in
Veerattaanam in Athikai on the banks of the Kedilam
where women with the gait of swans abound?

Since the guardians (of the Saivite Faith) neglected their duty of
guardianship, And, when on my asking questions about the depth of the
dangerous tank called Jainism the by-standers taunted me by saying
"Enter into the water and find out for yourself"
I entered the tank without knowing any spot
I had never before heard words of advice like this
(On entering the waters) I have been seized by the cramps
which now torment my abdomen O Lord who abide in Veerattaanam in
Athikai on the banks of the roaring waters of Kedilam!

Water, flower, incense, I have never known myself to forget to offer to
You; I have never known myself forget to sing in praise of You
When good or evil beset me I have never known myself forget You
Your name to chant with my tongue I have never known myself to forget
O Lord who roam about receiving alms in a perfectly dry skull
Do graciously rid me of the colic which is inside my body
I am wearied, O Lord who abide on the River Kedilam!

I rose in prosperity of family-life and lavish riches as there is no one but
You to exercise control over me; and when I, duly enlightened
made myself a slave unto You and led my life to the best of my lights
this colic hurts me; Do graciously get rid of it for me!
When it digs into the innards of my abdomen and turns it over, and cuts
it, and pulls it apart I am seized with terror and I faint away
Disgusted with family life, I gladly gave it up as I had no perfidious
objective in my heart and now when weary of this life there is no succour
for me (except You) O my Lord who have on Your ear a ring of white
conch! With wicked glee, this colic contorts and convulses the bottom of
my abdomen and eats up my innards; I, Your slave, am wearied
O Lord who abide in Veerattaanam in Athikai on the River Kedilam.

O Lord with body that shimmers like gold
O Lord with tangled russet locks O Lord with pining moon
distress, dejection, disease, these neither do you drive away
from approaching me nor do You withdraw them from me
People like me will never any more trust You
If this is the fate of devotees, then let us call a halt to love of You
O Lord who abide in Veerattaanam in Athikai on River Kedilam!

You covered Yourself with a wet hide stripped from an elephant
O You who are capable of dancing

With the cremation ground as Your stage!
Think back on Your bestowing grace by crushing under
the huge mountain the Raakshasa who noisily boasted that he would
prise and take away the Kailasa Mountain
I sweat, roll about, fall, rise yet You do not do away with my agony
O Lord who abide in Veerattaanam of Athikai on River Kedilam!

(Translations by G. Vanmikanathan)

கூற்றாயின வாறு விலக்கலீர்
கொடுமைபல செய்தன நான் அறியேன்
ஏற்றாய் அடிக் கேஇர வும்பகலும்
பிரியாது வணங்குவன் எப்பொழுதும்
தோற்றாதுஎன் வயிற்றின் அகம்படியே
குடரோடு துடக்கி முடக்கியிட
ஆற்றேன்அடி யேன் அதி கைக்கெடில
வீரட்டா னத்துறை அம்மானே.

நெஞ்சம் உமக் கேஇட மாகவேத்தேன்
நினையாதொரு போதும் இருந்தறியேன்
வஞ்சம்இது ஒப்பது கண்டறியேன்
வயிற்றோடு துடக்கி முடக்கியிட
நஞ்சாகிவந் தென்னை நலிவதனை
நணுகாமல் துரந்து கரந்தும்இடர்
அஞ்சேலும் என்னீர் அதிகைக்கெடில
வீரட்டானத் துறை அம்மானே.

பணிந்தாரன பாவங்கள் பாற்றவல்லீர்
படுவெண்டலை யிற்பலி கொண்டுழல்வீர்
துணிந்தேஉமக்கு ஆட்செய்து வாழலுற்றால்
சுடுகின்றது சூலை தவிர்த்தருளீர்
பிணிந்தார்பொடி கொண்டுமெய் பூசவல்லீர்
பெற்றம்ஏற்றுகந் தீர்சுற்றம் வெண்டலைகொண்டு
அணிந்தீர்அடி கேளஅதி கைக்கெடில
வீரட்டா னத்துறை அம்மானே.

முன்னம்அடி யேன்அறி யாமையினால்
முனிந்துஎன்னை நலிந்து முடக்கியிடப்
பின்னைஅடி யேன்உமக்கு ஆளும்பட்டேன்
சுடுகின்றது சூலை தவிர்த்தருளீர்
தன்னைஅடைந் தார்வினை தீர்ப்பதன்றோ
தலையாயவர்தம் கடன் ஆவதுதான்
அன்னநடை யார்அதி கைக்கெடில
வீரட்டா னத்துறை அம்மானே

காத்தாள்பவர் காவல் இகழ்ந்தமையால்
கரைநின்றவர் கண்டுகொள் என்றுசொல்லி
நீத்தாய கயம்புக நூக்கியிட
நிலைக்கொள்ளும் வழித்துறை யொன்றறியேன்
வார்த்தையிது ஒப்பது கேட்டறியேன்
வயிற்றோடு துடக்கி முடக்கியிட
ஆர்த்தார்புனல் ஆர்அதி கைக்கெடில
வீரட்டா னத்துறை அம்மானே

சலம்பூ வொடு தூபம் மறந்தறியேன்

தமிழோடிசை பாடல் மறந்தறியேன்
நலம்தீங்கிலும் உன்னை மறந்தறியேன்
உன்நாமம் என்நாவில் மறந்தறியேன்
உலர்தார்தலை யில்பலி கொண்டுஉழல்வாய்
உடலுள்ளுறு சூலை தவிர்த்தருள்வாய்
அலந்தேன்அடியேன் அதிகைக் கெடில
வீரட்டா னத்துறை அம்மானே.

உயர்ந்தேன் மனை வாழ்க்கையும் ஒண்பொருளும்
ஒருவர்தலை காவல் இலாமை யினால்
வயந்தேஉமக்கு ஆட்செய்து வாழலுற்றால்
வலிக்கின்றது சூலை தவிர்த்தருளீர்
பயந்தேஎன் வயிற்றின் அகம்படியே
பறித்துப் புரட்டி அறுத்து ஈர்த்துடநான்
அயர்ந்தேன் அடியேன் அதிகைக் கெடில
வீரட்டா னத்துறை அம்மானே

வலித்தேன்மனை வாழ்க்கை மகிழ்ந்தடியேன்
வஞ்சம்மனம் ஒன்றும் இலாமையினால்
சலித்தால் ஒருவர்துணை யாரும்இல்லைச்
சங்கவெண்குழைக் காதுடை எம்பெருமான்
கலித்தேயென் வயிற்றின் அகம்படியே
கலக்கிமலக் கிட்டுக் கவர்ந்துதின்ன
அலுத்தேன் அடியேன்அதி கைக்கெடில
வீரட்டா னத்துறை அம்மானே

பொன்போல மிளிர்வதொர் மேனியினீர்
புரிபுன்சடை யீர்மெலியும் பிறையீர்
துன்பே கவ லைபிணி என்றுஇவற்றை
நணுகாமல் துரந்து கரந்தும்இடீர்
என்போலிகள் உம்மை இனித் தெளியார்
அடியார் படுவது இதுவேயாகில்
அன்பே அமையும்அதி கைக்கெடில
வீரட்டா னத்துறை அம்மானே

போர்த்தாய் அங்கொர் ஆனையின் ஈருரிதோல்
புறங்காடு அரங்காநடம் ஆடவல்லாய்
ஆர்த்தான் அரக்கன்றனை மால்வரைக்கீழ்
அடர்த்திட்டருள் செய்த அது கருதாய்
வேர்த்தும் புரண்டும் விழுந்தும் எழுந்தால்
என்வேதனை யான் விலக்கியிடாய்
ஆர்த்தார்புனல் சூழ் அதிகைக் கெடில
வீரட்டா னத்துறை அம்மானே

We could also attempt to reconstruct the emotional turmoil of Appar at this time like a fugitive. He leaves the great monastery at Pataliputram where by his precepts and practice he reigned supreme as its head. Utterly disappointed with the religion that has failed him in his needy hour, he is guilt ridden at his wasting a major portion of his life in an alien religion, entirely at variance with that of his ancestors and dear sister. He takes a dreary, solitary walk in the middle of the night in utter darkness to reach the Siva temple at Thiruvadigai Veerattaanam, still the pain gnawing at the entrails. The sister meets him and gives the sacred ash. Thus the moment is appropriate for the transmarginal inhibition of the cerebral cortex and the attendant physiological

status described above. The prodigal brother smears himself with the sacred ash and enters Saivism.

The above reconstruction of a religious conversion should not belittle the sanctity and divinity of the incident. Sargant, a pious Christian himself has this to say about St. Paul's conversion:

> The case of Saul on the road to Damascus confirms our other finding: that anger may be no less powerful an emotion than fear in bringing about sudden conversion to beliefs which exactly contradict beliefs previously held.

Acts, Chapter 9 tells us:

> And Saul, yet breathing out threatenings and slaughter against the disciples of the Lord, went unto the high priest, and desired of him letters to Damascus to the synagogues, that if he found any of this way, whether they were men or women, he might bring them bound unto Jerusalem and as he journeyed, he came near Damascus:
>
> ...and suddenly there shined round about him a light from heaven; And he fell to the earth, and heard a voice saying unto him, 'Saul, Saul, why persecutest thou Me?' And he said, 'Who art thou, Lord?' And the Lord said 'I am Jesus whom thou persecutest, it is hard for thee to kick against the bricks.' And he trembling and astonished, said, 'Lord what wilt thou have me do?'.

A state of transmarginal inhibition seems to have followed his acute stage of nervous excitement. Total collapse, hallucinations and an increased state of suggestibility appear to have supervened. Other inhibitory hysterical manifestations are also reported; then followed the necessary period of indoctrination imposed on Saul by the Brethren at Damascus, and of his full acceptance of all the new beliefs that they required of him.

To conclude, it would seem that physiological functions and their alterations in the Central Nervous System could, to some extent, explain the varied phenomena as religious conversions and brainwashing and false confessions. Similarly they could be at the basis of psychopathology of thinking and behaviours like hysterical suggestibility and trance states.

REFERENCES

Sargant, William (1957): Battle for the Mind. Headley Brothers Limited, The Invicta Press, Ashford, Kent.

Sargant, William (1973): Mind Possessed. Headley Brothers Limited, The Invicta Press, Ashford, Kent.

Vanmikanathan, G. (1985): Peria Puranam, Sri Ramakrishna Math, Madras.

Saint Sambandar Cures a case of Stupor

Saint Sambandar, in one of his pilgrimages encounters a case of stupor in a tribal chieftain's daughter and cures her. The nature of this stupor is discussed. The history and the decreasing frequency of this condition is reviewed.

Saint Sambandar, the child Saint of **Saivism** and one of the foremost of the **four Nayanmars** (called the **Nalvar** or **the great Four Savants**) belonged to the 7th century A.D. and was a contempory of the other great Nalvar Saint Appar. Both of them trudged the length and breadth of the Tamil country and sang melodiously and effusively in praise of the Lord Siva and his Consort, Parvathi. They are responsible for the conversion of the Pandya King at Madurai and the Pallava King at Kancheepuram respectively to Saivism and paved the way for the revival of Saivism and Hinduism in India (for more details see Somasundaram 1988, 1993).

In the short period of 16 years of existence in this world, Sambandar made six pilgrim tours of the Tamil country, visiting 219 shrines and singing 383 decads comprising 4230 stanzas of devotional songs. They form the first three sections of the twelve ***Thirumurais***, the basic works of Saivism in Tamil. In his fifth great tour of the holy shrines, he reaches Thiruppachilachchi. This place which is situated on the banks of river Coleroon near Thiruvanika. Here he performs a miracle which is of considerable interest to psychiatrists. The details are to be found in the great work called *Periapuranam* (literally *the great epic*) by the Poet Sekkizhar in the first half of the 12th century A.D. and also from the hymns sung by Sambandar at this place. At this place it is worth recalling that none of the Saints were fond of performing miracles to exhibit their powers and their intimacy to the Lord.

The tribal chieftain of this area Kollimalai Mazhavan has a daughter suffering from a disease called "Muyalagan" in Siddha system of medicine and "Apasmarm" in Ayurveda. This state is characterised by the presence of stupor, with or without seizures. This condition is considered by both the systems of medicine to be of grave import and difficult to cure. It is of significance that the demon over whom Lord Nataraja performs his Cosmic Dance is called "Muyalagan".

What is happening is rendered in Sekkizhar's *Peria Puranam* (English version by Vanmikanathan 1985).

> Rejoicing that he had become the recipient of the grace of the son of God arriving in this city, he went forward and prostrated before Sambandhar seated on his Palanquin. On Sambandhar graciously bidding him rise from the ground, he did so and with joined palms raised over his head, he accompanied the palanquin, then entered the principal street of his ancient city. With auspicious musical

instruments playing, Sambandhar went along the main street and descended from his pearl-adorned palanquin at a point close to the outermost and well-lit tower of the temple of the Lord with the matted locks bearing the crescent moon. When, having gone round the temple clockwise, he was about to enter the temple to pay his obeisance at the presence of the Lord, he saw and carefully observed the tender tendril of a virgin who was in a state of loss of consciousness and was lying on the ground. He graciously asked. "What is this?"On his doing so, Mazhavan stood before him and worshipping him said: "The girl begotten by me has been afflicted by the rare to be overcome disease called Muyalam. On this happening to her I had her brought before the temple of the Immaculate One. This is exactly how she happened to enter the premises." Saying so, he respectfully stood before him. The very moment Sambandhar graciously heard the words uttered by the chieftain of the garland which shone like an ornament, he worshipped the Transcendent Being of matted locks inhabited by the snake who was abiding at Pachchil and sang a decad in which he asked:

Is it really the Lord in whose Adam's apple shines a gem
Who has afflicted her senses and made the maiden suffer?
Is such His magnanimity?

வெஞ்சுடர் ஆடுவர் துஞ்சு இருள் மாலை
வேண்டுவர் பூண்பது வெண்ணூல்
நஞ்சுஅடை கண்டர் நெஞ்சு இடமாக
நண்ணுவர் நம்மை நயந்து
மஞ்சுஅடை மாளிகை சூழ்தரு பாச்சில்
ஆச்சிராமத்து உறைகின்ற
செஞ்சுடர் வண்ணரோ பைந்தொடி வாடச்
சிதைசெய்வ தோஇவர் சீரே.

Thus sang the Lord of Sembai in sweet Tamil a decad to rid her of the unyielding disease. This is the first stanza of the song:

The Lord who has coiled up and tied in a tier-like form
His shining bright matted locks
In which the wrong-doer of a moon shines brilliantly
The Lord who is in the habit of breeding a snake in his locks
He who surrounded by his brand of ghouls
Begs his food from anyone and everyone
The Lord bedecked with jewels which enhance his beauty.
He who abides in Paachchilaachchiramam
He who has a prominent Adam's Apple adorned by a gem
Is it proper that He should affect her with a catalepsy
And make the maid suffer? Is this His greatness?

துணிவளர் திங்கள் துளங்கி விளங்கச்
சுடர்ச்சடை சுற்றி முடித்துப்

பணிவளர் கொள்கையர் பாரிடம் சூழ
ஆரிடமும் பலி தேர்வர்
அணிவளர் கோலம் எலாம் செய்து பாச்சில்
ஆச்சிரா மத்துஉறை கின்ற
மணிவளர் கண்டரோ மங்கையை வாட
மயல் செய்வ தோஇவர் மாண்பே.

Thus having sung the decad having adorned it with the holy end lines:

When the eternal one of the Kauniar sect
Stood paying obeisance to the Lord
The maiden of soft words like the prattle of a child
Who was begot by the Mazhavan freed from the disease
Which had afflicted her, suddenly rose from the ground
And standing like a golden creeper walked to one side
Came near her father mighty in war and stood close to him.

From the above description given by the poet Sekkizhar it could be seen that a young girl suffering from stupor was miraculously cured by the benediction of the great child saint. It would be of interest to make a differential diagnosis of this stupor after thirteen centuries. The usual forms of stupor are

(1) depressive stupor
(2) catatonic stupor
(3) dissociative stupor
(4) organic stupor
(5) manic stupor.

Because of the absence of mention of depressed/exalted moods they could be ruled out. The absence of histrionic features in this girl and her coyness and bashfulness while retiring to her father's side are pointers against a diagnosis of dissociative state. The condition of "Muyalagan" was held with so much terror and as a threat to life, it could be presumed that this state was associated with self-neglect and inanition. Sudden and complete recoveries from stupor as well as dramatic reversion to excitement is not unknown. Hence we may be justified in making a diagnosis of **catatonic stupor**. If we once again do not assume a subsequent deterioration, organic including an epileptic one could be ruled out. Before concluding, we may spend some time looking at the history and prevalence of catatonic stupor in the preceding decades. Kahlbaum described *catatonia or tension insanity* in 1863. Kraepelin (1913) subsumed this condition under **dementia praecox** and says:

> Some thirty years ago a disease was described by Kahlbaum as catatonic or "insanity of rigidity" of which the most prominent symptom is a stiffness in the muscles which would only be increased by outward interference. The disease should run through a series of different evolutions and end at last in recovery or dementia. In the main, Kahlbaum's long contested description, has

> proven to be right, although I have to assume that descriptions of disease summed up by him as catatonia are only special forms of dementia praecox. At all events, in catatonia, while comprehension and memory suffer little in proportion. But then we meet with the catatonic symptoms - negativism, stereotypism, more especially the automatic obedience already described, the strange behaviour and the sudden onset of senseless impulses - in all gradations in the different forms of dementi praecox.

Bleuler (1911 translated 1950) in his classic account of *'Dementia praecox or the group of Schizophrenias'* considers two forms of catatonic schizophrenia - acute and chronic; *various symptoms of this syndrome are very elaborately* described in his *Text Book of Psychiatry.*

Kleist (1928) as quoted by Gillies subdivides catatonic schizophrenia to various subtypes: akinetic, parakinetic. manneristic, iterative, negativistic, most cases showing automatic obedience, and hyperkinesis of speech.
Among the modern textbooks of psychiatry which give a detailed description of catatonic schizophrenia mention should be made of Mayer-Gross, Slater and Roth: *Clinical Psychiatry* (1992). It quotes Kahlbaum:

> Acute catatonic symptoms tend to be favourable. Approximately one third of these patients remit. On the other hand, it must be remembered that some of the most malignant as well as some of the more benign psychoses are found in the catatonic group.

According to Grebb and Eancro (1980): Until the mid 1930s mental hospitals were filled with stuporous catatonic patients, many of whom would lie motionless for weeks or months, unresponsive to almost every stimulus. They had to be fed by gavage twice a day and catheterised regularly. For some unknown reason, stuporous states are quite rare now. Leff (1918) while discussing the relative prevalence of catatonia in the developed and developing countries, notes the decline of the condition at the present times in the Western countries. The records of the Bethlem Royal Hospital, London, show that catatonia accounted for 6% of all admissions in the 1850s, but only 0.5% in the 1950s. The same decline has been documented in the United States by Morrison (1974), who studied the records of Iowa State Psychopathic Hospital from its opening in 1920 upto 1966. He calculated incidence rates and found that the proportion of catatonia dropped from 14.2% of all schizophrenic patients during the years 1920-1944, to 8.5% during the year 1945-1966. a highly significant decrease. The rates for catatonic schizophrenia for the developing countries rates are as follows:

Cairo, Egypt	14.4% (Okasha et al 1968)
Kandy, Srilanka	21.0% (Chandrasena & Rodrigo 1979)
Agra, India	22.0% (WHO 1979)
Cali - Colombia	13.0% (WHO 1979)
Ibadan - Nigeria	8.0% (WHO 1979)

In developing countries also catatonia is showing a steep decrease as shown by the multi-centre study (1992) '*Schizophrenia : manifestations, incidence and course in different cultures*'. It was found that catatonic schizophrenia occurred in 52 cases (10%) of the study population in the developing countries, but only in a negligible number of cases in developed countries.

CONCLUSION

Man in his distress either physical or mental has approached various agencies for his relief. Alongside with various systems of medicine, saints of religions of both East and West have played a significant role in the alleviation of human misery.

REFERENCES

Bleuler, E. (1950): Dementia Praecox or the Group of Schizophrenias. George Allen and Unwin Ltd., London.

Bleuler, E. (1976): Textbook of Psychiatry. Arno Press, New York.

Chandrasena, R. & Rodrigo A. (1979): Schneider's first rank symptoms: Their prevalence and diagnostic implications in an Asian Population. British Journal of Psychiatry.

Grebb, J. & Cancro, R. (1989): Schizophrenia: Clinical features. In Comprehensive Textbook of Psychiatry. Ed. Harold Kaplan and Benjamin Sadock, William and Wilkins, Baltimore.

Hunter-Gillies (1950): Schizophrenia. In Recent progress in Psychiatry, G.W.T.H. Fleming. J. and A. Churchill, London.

Jablensky, Sartorius et al (1992): Schizophrenia: Manifestations, incidence and course in different cultures. Cambridge University Press, Cambridge, U.K.

Kraepelin, E. (1913): Lectures on Clinical Psychiatry, Bailliere Tindall and Cox, London.

Leff, J. (1988): Psychiatry around the globe. Gaskell, London.

Morrison, J.R. (1967): Changes in sub-type diagnosis of Schizophrenia: 1920-1966. American Journal of Psychiatry, 131. 674-677.

Okasha A., Kamel M. & Hassan A.H. (1968): Preliminary Psychiatric observations in Egypt. British Journal of Psychiatry, 14: 949-955.

Slater, E. & Roth, M. (1992): Mayer-Gross. Slater and Roth Clinical Psychiatry. Bailliere Tindall and Cox, London.

Somasundaram, O. (1998): Death wishes in the Thiruvachakam. Indian Journal of Psychological Medicine, 11(2): 215-218.

Somasundaram, O. (1993): The Mad Encounter. Indian Journal of Psychological Medicine, 16. 53-56.

Vanmikanathan, G. (1985): Periya Puranam, Sri Ramakrishna Math, Madras.

WHO (1973): IPSS. Geneva.

WHO (1979): Schizophrenia, An International Follow-up study. Chichester : John Wiley and Sons.

THE MAD ENCOUNTER

In an article entitled '*Good Madness in Christendom*' Screech begins:

> *Madness and Christianity go hand in hand, that has been true at least since the earliest surviving accounts of the central events of Christianity in the Greek New Testament.*

The list includes amongst others the Apostle Paul and even not sparing God:

> *God having despaired of saving the world by His wisdom, decided to save it by an act of divine 'madness'. God's mad action was the crucifixion of His only Son.*

In this article, it is proposed to describe how the four great Saints of Saivism **Naalvar** acclaimed their Lord: three of them (Appar excluded) in their love and affection acclaimed him as mad. The Naalvars are today household names in the Tamil country. Together, these *Four Revered Ones* span the three centuries during which Tamil Bhakthi was at its height Appar and Sambandar in the seventh century, Sundarar early in the eighth and Manikkavachagar in the middle of the ninth century. They are also called 'Samaya Kuravar' – '*the Fathers of the Faith*'. They are also assigned particular roles as the role of servant or *Dasamargam* (Appar), the role of son or *Saiputhra margam* (Thirugnana Sambandar), the role of companion or *Sakamargam* (Sundaramoorthy Swamikal), and the role of the Gnani or the knower treading the pathway of Gnosis i.e. *Gnana Margam* (Manikkavachakar). Now we will look at Manickavachakar's '*Thiruvachakam*'. For a short biography of the Saint, see Somasundaram (1988).

உரிப்பிச்சன், தோலுடைப் ப்ச்சன்நஞ்
குண்பிச்சன் ஊர்ச்சுடுகாட்
டெரிப்பிச்சன், என்னையும் ஆளுடைப்
பிச்சன், என்றேசுவனே.

I shall call you madman
Madman draped in elephant skin, poison-throated madman
Madman sporting midst the fires of the burning ground
Madman clad in tiger skin, madman who enslaved even me.

In another chapter where His form is ridiculed and made fun of as mad by one girl it is equally and forcibly rebutted by another.

1. பூசுவதும் வெண்ணீறு பூண்பதுவும் பொங்கவரம்
பேசுவதும் திருவாயால் மறைபோலுங்
காணே டீ பூசுவதும் பேசுவதும் பூண்பதுவுங்
கொண்டென்னை ஈசன் அவன்
எவ்வுயிர்க்கும் இயல்வானான் சாழலோ

Tell me friend what strange man is this?
His form is smeared with ashes while a serpent rears upon his hand

In cryptic speech he seems well-versed what manner of man is he?
Why look at his ashes or fear his serpent
Or heed his elusive Vedic talk? All you need to know is this
He is the essence - the god of all that lives and moves.

2. என்னப்பன் எம்பிரான் எல்லார்க்கும்
தான், ஈசன்
துன்னம்பெய் கோவணமாக கொள்ளுமது
என்னே டீ
மன்னுகலை துன் னுபொருள்
மறைநான்கேவான்சரடாத்
தன்னையே கோவணமாக்ச் சாத்தினன்
காண் சாழலோ.

Well, my friend this father, this master, this Lord Supreme
He is clad in loin-cloth meagre, loose
Pray tell me, is this not strange is he not mad?
Strange as it may seem, my friend you need not know but this
The Vedas four they are; the threads of which his loin cloth is wove.

3. கோயில் சுடுகாடு கொல்புலித்தோல்
நல்லாடை
தாயுமிலி தந்தைமிலி
தான்தனியன் காணேடி
தாயுமிலி தான்தனியன் ஆயிடினுங்
காயில் உலகனைத்தும் கற்பொடிகாண்
சாழலோ

Strange, my friend your god's temple is the burning-ground
His raiment a tiger skin but stranger still, all alone is he
No father, no mother to call his own
True, parents none has he; he is the unborn one
By a spark of his anger worlds fall and crumble and turn to dust
What need of comrade has one such as he?

The next incident occurs when Sundarar (also called *the insolent slave*) confronts the Lord Himself and derides Him as crazy. The story of Sundarar's bondage to Siva reads like a fairy tale. When he came of age, elaborate preparations were made for his marriage, and the handsome young lad, decked in finery, stood ready to take the bride's hand. At the crucial moment, an elderly man intervened; he said the marriage could not take place because Sundarar was his slave. "You are mad" retorted Sundarar. "How can a brahmin be slave to any man? You are insane, you are a madman." But the patriarch insisted that he had documents to prove that Sundarar's grandfather had gifted Sundarar to him as slave. After examining the validity of the papers, the village council had perforce to instruct Sundarar to go with the old man as his slave. Sundarar followed the "madman" who walked faster and faster, entered the temple of Vennai Nallur and disappeared inside the sanctum. Realising that it was Siva himself who had claimed him for a slave, Sundarar stood transfixed, and a divine voice addressed him: "You are an

insolent devotee (*Van tondar*). Worship me with song." "How shall I sing of you, my Lord?" "You called me madman (*pitha*) many times. Let your first song start with that word." And Sundarar sang:

சுந்தரர்

பித்தா! பிறைசூடி!
பெருமானே! அருளாளா!
எத்தால் மறவாதே!
நினைக்கின்றேன் மனத்து உன்னை
வைத்தாய் வெண்ணைத் தென்பால்
வெண்ணெய் நல்லூர் அருள் துறையுள்
அத்தா! உணக்கு ஆளாய் இனி
அல்லேன் எனலாமே.

Oh madman on whose locks rests the crescent moon
Sovereign Lord of grace abounding never more will I forget you
You are enshrined in my heart and in my mind!
In the holy temple of Arul Turai in the heart of Vennai Nallur
On the south banks of the Pennar You do abide.

Saint Sambandar also calls the Lord crazy in his first Hymn, which starts the great Saivite canon *Thevaram* as follows. Sambandar was born of Brahmin parents in the town of Sirkhazhi, near Chidambaram. He frequently accompanied his father to the temple and, on one such occasion, when just a child of three, his father left Sambandar on the steps of the sacred tank, while he himself descended for a ritual bath. Being hungry, the child started crying. When the father returned after his bath, he found the child playing contentedly with an empty golden cup with trickles of milk running down his chin. On being questioned as to who had given him the cup of milk, the child pointed upwards to the temple tower where there was an image of Parvati, seated beside Siva. Having drunk the cup of divine milk (*Gnana Paal* or *milk of knowledge*) Sambandar burst into song praising Siva and Parvati.

புத்தரோடு பொறியில் சமணும் புறங்கூறநெறிநில்லார்
ஒத்த சொல் அவ்வுலகம் பலி தேர்ந்த
எனது உள்ளங்கவர் கள்வன்
மத்தயானை மறுக அவ்வுரி போர்த்ததோர் மாயம்
இது என்ன பித்தர் போலும்
பிரமாபுர மேனிய பெம்மான் இவனன்றே.

They call him beggar, they speak ill of him
They have fallen from the Path those Buddhists, those erring Jains
But the divine one who came to earth and begged for alms
He is the thief who stole my heart away
The elephant charged, bore down on him
Oh wondrous sight He tore its skin and wrap't it round
Some call him madman – He is our Lord of Brahmapuram.

The eccentric costume and bizarre behaviour of Lord Siva, which recalls madness to some of the saints exults Appar to see His radiance and glory:

வடியேறு திரிசூலந் தோன்றுந் தோன்றும்
வளர்சடை மேலிள மதியந் தோன்றுந்
தோன்றும்
கடியேறு கமழ் கொன்றை கண்ணி தோன்றும்
காதில் வெண்குழை தோடு கலந்து தோன்றும்
இடியேறு களிற்றுரிவைப் போர்வை தோன்று
மெழிறி கழுந்திரு முடியமிலங்கித் தோன்றும்
பொடியேறு திமேனி பொலிந்து தோன்றும்
பொழிறிக்ழும் பூவனத்தெம் புனிதனார்க்கே.

How shines before my eyes his brilliant trident
How gleams the crescent moon atop his lengthy locks
How heavy the scent of Konrai garland
How bright the glow of conch-shell and thodul
Like thunderbolt the sound when elephant skin he tears
Look how he wraps it round like a mantle
How glow his form besmeared with holy ashes
How resplendent his crown of matted locks
In sacred Puranam of wooded groves lives our immaculate Lord.

During the long saintly career of 40 years during which Appar covered 126 pilgrim centers and sang about 3000 verses of Thevaram, he maintained his humility and never referred to the Lords crazy appearance or behaviour. It should also be stressed the others' references are only to the closeness and intimacy to their Lord. The mystic significance of the Lord's appearance is elaborated by Manickavachakar (vide Supra).

It could be concluded that when the Tamils associate madness of their God-head with these attitudes to the mortal mentally ill, it could be sympathetic and supportive.

REFERENCES

Screech, M.A.(1985): *Good Madness in Christendom*. In The Anatomy of Madness Vol. I W.F. Bynum, Roy Porter and Michael Shepherd. London: Tavistock.

Somasundaram, O.(1988): Death Wishes in the *Thiruvachakam*. *Indian Journal Of Psychological Medicine* 11(2) pp 215-218.

SELECT BIBLIOGRAPHY

1. Yogi Suddhananda Bharathi (1970): The Grand Epic of Saivism, The South India Saiva Siddhananta Works Limited. Publishing Society, Tinnevelly, Madras-1.
2. G. Vanmikanthan (1985): Periya Puranam, Sri Ramakrishna Math, Madras.
3. Vidya Dehejia (1988): Slaves of the Lord. Munshiram Manoharlal Publishers Pvt. Ltd., New Delhi-110 055.

DEATH WISHES IN THE *THIRUVACHAKAM*

Death wishes found in some of the common psychiatric syndromes are mentioned. Such ideas expressed by the great Saiva Saint and mystic Manickavachakar are illustrated from his work, ***Thiruvachakam.*** *Such ideas are interpreted from the Indian philosophical and Saiva Siddhantha points of view. It is concluded that religious ideas could be utilised in psychotherapy.*

The phenomenon of death has mystified and frightened mankind since the birth of man. The great religious teachers, the philosophers and the various scientists have looked at it from their own perspectives and the last word will never be said. Shakespeare must have pondered over this indissoluble problem as could be seen from some of his observations:

Death as the Psalmist saith is certain to all;
All shall die

Henry IV.

Death could be welcomed earnestly;
To die: to sleep;
No more: and by a sleep to say we end
The heartache and the thousand natural shocks
That flesh is heir to, it is a consummation
Devoutly to be wished.

Hamlet.

Shelley in the same strain has this to say:

I could lie down like a tired child and
Weep away the life of care which I have borne and yet must bear
Till death like sleep might steal on me.

With thanatology being established as a discipline, the role of the psychiatrist in its practice is varied with relation to death, dying, grief, mourning, bereavement and fatal illness. Death anxiety may be prominent in patients with terminal illness or chronic painful and progressively downhill course illnesses. Basically fear of death is a fear of having one's values negated and nullified. Death means, in this sense, discrediting the life we have lived. (Weisman, 1985). These people would require psychiatric and religious counselling.

Death wishes are very prominent in major depressive illnesses. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide is listed as one of the essential symptoms of major depressive disorder in DSM III-R (A.P.A., 1987). The high rate of communication of suicidal ideas indicates that in the majority of instances it is a premeditated act of which the person gives ample warning (Robins,et al. 1959). This finding indicates that many of the suicidally depressed patients are likely to have recurrent death

wishes. Death orientation in the depressed Indian patients is referred to by Venkoba Rao (1986).

Obsessional thoughts with regard to death, images of funeral scenes, etc. are not uncommon in obsessive compulsive disorders and their frequency is not known (to the writer).

Another important area in which frequent death wishes recur is associated with the great religious leaders, saints and mystics. In the opinion of William James, it is a too simple-minded system of thought to label them in terms of ordinary psychiatric disorders. He calls this appellation as 'medical materialism'. Materialism finishes up Saint Paul by calling his vision on the road to Damascus a discharging lesion of the occipital cortex, he being an epileptic. It snuffs out St. Teresa as an hysteric, St. Francis of Assisi as an hereditary degenerate. Such experiences of a Tamil saint were discussed in an earlier paper of the writer (Somasundaram, 1987).

Here it is proposed to discuss the death wishes expressed by one of the greatest Saiva saints named Manickavachakar. He served as a minister to a Pandyan king who reigned from Madurai, and his period is disputed amongst the Tamil intellectuals as either belonging to I or II century A.D. or beginning of the XI century A.D.. His name is associated with two of the 64 miracles performed by Lord Somasundaram: transformation of foxes into horses and Lord Sivan working as a hodman on the banks of the river Vaigai. More details of his life history could be discerned from English works like that of Vanmikanathan (1976). He has sung the praise of his lord in two of his immortal works, namely, *Thiruvachakam* and *Thirukoviar*. Realising the unparalleled beauty, compassion and piety found in this work, Reverend Dr. G. U. Pope of the Balliol College and Indian Institute Oxford translated this work into English in 1900. More details of this work could be obtained from Balasubramaniam (1985) and Ratna Navaratnam (1975).

The Saint expresses his death wishes, self-depreciation, melancholy and guilt in many of the stanzas of his work, that are fully and forcibly expressed in two of the decads, named the *decad of despondency*

23.1 கையனென் இன்னும் செத்திலென் அந்தொ
விழித்து இருந்து உள்ளக் கருத்தினை இழந்தேன்!

23.2 பற்றினாய் பதையேன் மனம் மிக உருகேன்
பரிகிலேன் பரியா வுடல் தன்னைச்
செற்றிலேன் இன்னும் திரி தருகின்றேன்
திருப்பெருந்துறை மேவிய சிவனே!

23.3 சிலையனே எனைச் செத்திடப் பணியாய்
திருப்பெருந்துறை மேவிய சிவனே!

23.4 வன்பராய் முருகு ஒக்கும் என சிந்தை
மரக்கண் என்செவி இரும்பினு வலிது

23.9 மாலும் ஓலம் இட்டு அலறும் அம்மலர்க்கே
மரக்கணேனையும் வந்திடப் பணியாய்

23.10 களிப்பு எலாமிகக் கலங்கிடுகின்றேன்
கயிலை மாமலை மேவிய கடலே!

28.1 வார்கடல் உலகில் வாழ்கிலேன் கண்டாய்
வருக என்று அருள் புரியாயே!

28.3 ஊடுவது உன்னோடு உவப்பதும் உன்னை
உணர்த்துவது உனக்கு என்க்கு உறுதி
வாடினென் இங்கு வாழ்கிலேன் கண்டாய்
வருக என்று அருள் புரியாயே!

28.4 வாழ்கிலேன் கண்டாய்
வருக என்று அருள் புரியாயே!

28.5 எண்ணமே உடல்வாய் மூக்கொடு செவிகண்
என்று இவை நின்கணெ வைத்து
மண்ணின் மேல் அடியேன் வாழ்கிலேன் கண்டாய்
வருக என்று அருள் புரிவாயே!

28.6 அஞ்சினேன் நாயேன் ஆண்டு நீ அளித்த
அருளினை மருளினால் மறந்த
வஞ்சனேன் இங்கு வாழ்கிலேன் கண்டாய்
வருக என்று அருள் புரிவாயே!

28.7 கருணையே நோக்கிக் கசிந்துளம் உருகிக்
கலந்து நான் வாழும் ஆறு அறியா
மருளனேன உலகில் வாழ்கிலேன் கண்டாய்
வருக என்று அருள் புரியாயே!

28.8 ஆர் அமுதே அடியேனை
வந்துய ஆண்டாய் வாழ்கிலேன் கண்டாய்
வருக என்று அருள் புரியாயே!

50.3 சீலம் இன்றி நோன்பு இன்றிச் செறிவே இன்றி அறிவு இன்றித்
தோலின் பாவைக் கூத்து ஆட்டு ஆய்ச் சுழன்று விழுந்து
கிடப்பேனை
மாலும் காட்டி வழிகாட்டி வாரா உலகனெறி ஏறக்
கோலம்காட்டி ஆண்டவனைக் கொடியேன் என்றோ கூடுவதே!

The translations are of Mr. Balasubramaniam.

23.1 . My guileful self is not yet dead!
Alas; in wakefulness lost the goal of my own soul.

23.2 Yet I tremble not nor melt in heart!
I feel no love for thee at all and
I have not destroyed this love-less frame of mine
I roam and wander still!

23.3 Pray bid my self be dead and gone
O Shiva who dwellest in the sacred Perundurai.

23.4 My mind is like the hard knur of the knotty tree of Paral
My eyes are dry like wood! My ears are harder than steel.

23.5 And bid me also be rid of the illusions of frame!
Supreme God of Gods.

23.6 Neither have I cut and split my body into bits
Nor plunged myself within the fire nor known the ways of grace
I cannot brook life in this frame nor refuge have I got.

23.7 Neither would my dog-like self ever think in love of Thee
Nor would spring and pray my friend-like self as Namasivaya
And bow before Thy feet! Yet show Thy Supreme way.

23 8 I despaired much and knew not what is to be done at all
My Balm: Does it please thy self that
I Thy slave should grieve with pain?

23.9 Bid me too, of eyes like wood to reach and then espie
Thy own flower like feet.

23.10 I lost my joys and stand bewildered sorely by my griefs
O Ocean Great that bidest on the mighty Mount Kailai!

Death wishes are expressed more forcibly in the subsequent appropriately named decad, the *decad of disgust with life*

28.1 Behold, I brook not life on sea-girt earth?
In grace do bid me come to Thee!

28.2 From Thee alone I'd shrink; with Thee alone rejoice!
With Thee alone I'd plead for my safety!
Languish I and I can't brook life here!
In grace do bid me come to Thee!

28.4 Life I cannot brook! In grace do bid me come to Thee!

28.5 My thought and frame, mouth and nose, ear and eyes
All these being in Thy atonement I Thy slave
Could brook not life on earth! In grace do bid me come to Thee!

28.6 The cur-like I do dread!
The grace Thou gave'st Making me Thine my guileful self forgot
Due to my nescience I can't live here!
In grace do bid me come to Thee!

28.7 Seeing Thy mercy and with melting heart
My dark self knows not how to mix with Thee!

Behold, I can't brook life upon the earth!
In grace do bid me come to Thee!

28-8 Rara Ambrosia ! Thou did'st come
28-9 And mad'st Me thine own and gav'st release!
I can't brook life! In grace do bid me come to Thee!

The self-deprecation and the cry for death to reach Him attains a peak towards the end of the work:

50. 3. Void of virtues, austere life or love or wisdom true I was
Like leather dolls in puppet show I whirled and fell and lay Prostrate!
But He gave the craze and ways to reach the world with no exit
Showed His Form and made me His! When can meet Him cruel I?

We have illustered amply for the classical features of severe depression but it would be taking a too simplistic and naive view and even doing injustice to a great mystic and a lover of Man and God like Saint Manickavachakar. This type of medicalisation was aptly termed as 'medical materialism' by William James in the beginning of this century. The emotional turmoil of the Saint could be explained on the basis of Indian philosophy and **Saiva Siddhanta.** The concept of VIDHEHA MUKTHI could adequately explain the state of the mind of the Saint.

> *Liable as it is to disease and decay,* to pain and putrefaction, the JEEVAN KUKHTHA now longs for release from the body, longs for death. He *has* obtained, *it is true, supreme bliss, but still it is* evanescent bliss; he has obtained union with God, but still not eternal union. The mystic lives with dread as a companion, the dread of losing the bliss, the ecstatic union with God. So, the JEEVAN MUKHTHA now longs for death, for release from this human body, for eternal bliss and union ever lasting.

Another concept which is relevant here is the NAYAKANAYAKI bhavan, the concept of the lover her Beloved, the concept of a bride the Lord. (Vanmikanathan, 1976). These poems express the anxiety of the soul to get mystically locked up in the embrace of God, who is at once love and bliss.

Mysticism

In *the Bridal Decad* the Saint himself says;

227.2. O King! I Thy slave can bear no more!
Stuck up not within the *miry slush*
Oh Five fold sense upon the earth
I would Think and pray as 'Siva' and our own Lord!
I'd wail with soft and melting heart
Like springs in sands of water pure!

When shall I be praying and be thus
In mystic nuptials with my Perfect Gem.

The death of the ego - the I residing in the body is yearned for, as it interferes with the complete enjoyment of bliss by the soul. Another related **Saiva Siddhanta** concept relevant in the consideration of the death wishes is the ceremony in the course of which the disciple is made, in consonance with the mystic symbology of the KRIYAPADA DIKSHA, to transcend step by step the SHARIRA DHWAMSA fall of the body by offering each of them and finally the soul of the disciple itself as a sacrifice to the Lord. The last sacrament of NIRVANA DIKSA helps, first to release the soul from the influence of the Shadadvans, which contain the accumulated KARMA and other MALAS, and next to unite it to the hallowing Grace of Lord Siva.

CONCLUSION

We have seen how a very common psychiatric syndrome namely depression could be looked at from a religious perspective. The importance of religion and mental health in the Indian set up was recently discussed by Baker Fenn(1986) and he suggests that the psychiatrist should be a companion sharing the struggles of his client to find a meaningful existence, especially with the help of religion. Psychotherapy to overcome the fear of death in the patients could utilise some of the ideas mooted out in this paper that death could be a mature stage of life and not an end in itself.

REFERENCES

American Psychiatric Association (1987): DSM III-R. Washington, D. C.

Balasubramaniam, K. M. (1958): Tiruvachakam of Saint Manickavachakar. Chenna Malleswarar and Chenna Kesava Perumal Devasthanam. Madras, 3.

Fenn Baker (1986): Religion and Mental Health - Presidential Address. Indian Psychiatric Society, South Zone Manipal, Karnataka.

James, William (1902): Varieties of Religious Experience; A study in Human Nature. Longmans, Green and Co, London.

Ratna Navaratnam (1975): Tiruvachakam. Bharatiya Vidya Bhavan, Bombay.

Robins, Gassner, Kayes (1959): The communication of suicidal intent: a study of 134 consecutive cases of successful (completed) suicide. American Journal of Psychiatry, 115:724-733.

Somasundaram, O. (1987): The Last Days of Saint Ramalingar. Indian Journal of Psychological Medicine, 10:18-24.

Vanmikanathan, G. (1976): Manickavachakar. Sahitya Academy, New Delhi.

Venkoba Rao. A. (1986): Depressive Disease. I. C. M. R., New Delhi.

Weisman, Avery D. (1985):Thanatology. In Comprehensive Textbook of Psychiatry, IV Ed. Kaplan and Sadock. Williams and Wilkins, Baltimore.



ST. RAMALINGAR

THE LAST DAYS OF SAINT RAMALINGAR

A few biographic details of Saint Ramalingar are given along with his important teachings. His last days in January 1874 are considered in some detail. The possibility of a depressive illness is mooted and negated. It is concluded that he attained Embodied immortality.

Saint Ramalingar was born on 5th October 1823 as the youngest son of Ramiah Pillai and Chinnammai at Mardur, a hamlet near Chidambaram, the famous shrine in South Arcot, Tamil Nadu. They belonged to a poor backward community of Karunikars, the professional accountants.

The days were turbulent since the British were consolidating their power in North India and heading towards the first uprising of the Indians against them in 1857. Inroads were being made into the religions, languages and cultures of the Orient by an alien, western Christian culture. Powerful and enlightened Hindu revivalist and reformist movements flowered in North India contemporaneous with this saint; Raja Ram Mohan Roy (1744-1832) founded the **Brahmo Samaj**, preached principles which were a fusion between Hinduism and Christianity, and fought against superstitions, idolatry, and persuaded the British authorities to ban the age old custom, Sati. Swami Dayananda Saraswati (1824-1883) founded **Arya Samaj**, which extolled the Vedas but preached against caste system determined by birth, rituals and superstitions and stood against proselytization to Christianity and Islam. Shree Ramakrishna (1836-1886) though not founding a separate movement, attracted diligent, ardent and devoted disciples including Swami Vivekananda and proclaimed the unity of all religions and the indispensability of service to humanity. His message was later on carried to various parts of India and abroad by the **Ramakrishna Mission**. Though contemporaneous with these great figures of North India and many ideas and ideals were similar, it is a pity that the name and fame of Saint Ramalingar is confined only to Tamil Nadu and other neighbouring countries where Tamil influence is considerable. Madame Blavatsky the founder of the **Theosophy movement** and Narayana Guru of Kerala recognised his greatness.

He was an embodiment of compassion and he was not for discarding it for any reason. Through direct experiences, he realized that compassion and service to the fellow souls are the only ways to attain God's grace. He could not tolerate the quarrels based on distinctions of caste, religion and creed:

சாதியிலே மதங்களிலே சமய நெறிகளிலே
சாத்திரச் சந்தடிகளிலே கோத்திரச் சண்டையிலே
ஆதியிலே அபிமானித்து அலைகின்ற உலகீர்
அலைந்து அலைந்து வீணே நீரழிதல் அழகலவே
நீதியிலே சன்மார்க்க நிலைதனிலே நிறுதத
நிருத்தமிடுந் தனித்த லைவைர் ஒருத்தவை தாமே
வீதியிலே அருட்சோதி விளையாடல் புரிய
மேவுகின்ற தருணமிது கூவுகின்றேன் உமையே

O man of the world who wanders about
Attached to castes, creeds, religious doctrines
The hubbub of theology, quarrels about lineage and the rest!
It is not proper that you should wander about in vain and be ruined
There is One who is unique leader
And who dances in order to establish the world
In the just way and the Pure path.

He insisted on Universal Brotherhood as the only relation that the people of the world should have among themselves. He grieved at the poverty prevalent in the society. The economic inequality in the society in so far as it has left a few people with abundance of wealth and others in utter poverty, depriving them of their proper shares of food unnerved him. He felt for the suffering of the poor so intensely that he could not take his food. He felt as if his mind and body were burning. He could not tolerate this state of affairs any more. He appeals to. the Lord to have mercy on the people so as to remove such kind of disharmony.

His compassion extended to the sufferings of various kinds, whether animate or inanimate:

மண்ணுலகதிலே உயிர்கள்தாம் வருந்தும்
வருத்ததிதை ஒரு சிறுதெனினும்
கண்ணுறப் பார்த்துஞ் செவியுறக் கேட்டும்
கணமுநான் சகித்திட மாட்டேன்
உள்ளலேன் உடையார் உண்ணவும் வறியார்
உறுபசி உழந்து வெஞ்துயரால்
வள்ளலே நெஞ்சம் வருத்தவும் படுமோ
மற்றிதை நினைத்திடுந்தோறும்
எள்ளலேன் உள்ளம் எரிகின்றது உடம்பும்
எரிகின்றது என்செய்வேன் அந்தோ
கொள்லலேன் உணவும் தரிக்கிலென் இந்தக்
குறையெலாம் தவிர்த்தருள் எந்தாய்.

Whenever I saw withering crops, I too withered I writhed in my mind
On seeing the empty-handed ones worn out by unassuaged hunger
In spite of begging from door to door faint with starvation.

வாடிய பயிரை கண்ட போதெல்லாம்
வாடினேன் பசியினால் இளைத்தே
வீடுதோறும் இரந்தும் பசியாறாது அயரிந்த
வெற்றரைக் கண்டுளம் பதைத்தேன்
நீடிய பிணியால் வருந்துகின்றோர் என்
நேர் உறக்கண்டு உளம் துடித்தேன்
ஈடின் மானிகளாய் ஏழைகளாய் நெஞ்சு
இளைத்தவர் தமைக்கண்டே இளைத்தேன்

My heart shook like an aspen leaf when those who were suffering
From long drawn chronic disease happened to come before me

And I wilted on seeing the down-hearted ones
Who were men of unmatched self-respect poor though they were.

In his **Jeeva Karunya** concept of life style, he included not just vegetarianism but avoiding all forms of cruelty and especially feeding the hungry whom he considered as engulfed by flames. In order to eradicate hunger of the poor, he established the **Sanctuary for Eternal Service** in (1867) at Vadalur. In December 1871 he completed construction of the **Hall of Wisdom for Universal Worship**, where he preached his Gospels. He believed that God was the Father of the whole humanity and he showers his Grace on all, without making any discrimination. Why then should man discriminate between humans? Hence the Saint declares that the Hall of Wisdom will give inspiration to those who sincerely treat all as equals. In his view such an attitude will be conducive to healthy spiritual progress.

கலையுரைத்த கற்பனையே நிலையெனக் கொண்டாடும்
கண்முடி வழக்க மெலா மண்மூடிப் போக
மலைவரு சன் மார்க்கம் ஒன்றே நிலைபெறு எவ்வுலகும்
வாழ்ந்தோங்கக் கருதி அருள் வழங்கினை என்றெனக்கே
உலைவறும் இப்பொழுதே நல்தருணமென நீயே
உணர்தினை வந்தணைத்துருள்வாய் உண்மை உரைத்தவனே
சிலைநிகர் வன்மனம் கரைத்து திருப்பொது நிற்கின்றொய்
சித்த சிகாமணியே என்றிரு நடநாயகனே.

You bestowed Grace on me in particular with the intent that
All the blind superstitious practices pure fabrications
Of the Books of religion, observed as eternal truths
May be covered over by a rain of dust.

He constructed a simple hut called Siddhi Valaham in a place called Mettukuppam. Here he offered private prayers to the Lord in the form of *Jothi* (Light) and held discourses for his disciples and debates with leaders of other denominations and beliefs. The Saint was a tireless social reformer - he declared that there could be nothing like high caste in this world, for the people of high caste die alike as those of the low caste. He attached importance to religion but freed it from debating scholars and from the orthodox who attach much importance to rituals and takes it to the common man.

Such was the man, his mission and his morals, which were far in advance of his times and could not be relished by his countrymen and co-religionists Many orthodox Hindus, especially the traditional Saivites from Tamil Nadu and Ceylon vehemently condemned him and his *Book of Verses, Thiru Arutpa*, calling it the *Marut Pa* meaning *the befuddling poems* and even went to the extent of filing a defamation suit in the Cuddalore District Court. A deep sense of frustration due to his inability to carry the masses with him pervaded the Saint's thoughts. His last thoughts and action are available to us from his various writings and songs and discourses with his pupils. These are fortunately available to us due to the untiring efforts of his Boswell, Thouzhuvur Velayutha Mudaliar. Describing his physical appearance as

moderate height, lean physique with prominent nose and sparkling eyes, Velayutha Mudaliar noted a constant sad expression on his face.

Three months before his mysterious disappearance, he gradually reduced his food intake, ending up with ingesting only some green leaves. Later on he sustained his body only with water. He held frequently discourses with his pupils and hinted many times that he would be attaining Samadhi. During the last months of 1873 he maintained absolute silence but resumed his talks in January 1874. In one of his last discourses after placing the lamp outside the room where he usually dwelt, he asked his followers to worship it and reminded them of his earlier message:

நினைந்து நினைந்து உணர்ந்து உணர்ந்து
நெகிழ்ந்து நெகிழ்ந்து அன்பே
நிறைந்து நிறைந்து ஊற்றெழுங்கண்ணீர்
அதனால் உடம்பு
நனைந்து நனைந்து அருள்முதே
நன்னிதியே ஞான
நடத்தரசே என்னுரிமை
நாயகனே என்று
வளைத்து வளைத்து ஏத்துதும் நாம்
வம்பின் உலகியலீர்
மரணமிலாப் பெரு வாழ்வில்
வாழ்ந்திடலாம் கண்டீர்
புனைந்துரையேன் பெய்புகலேன்
சத்தியஞ் சொல்கின்றேன்
பொற்சபையில் சிற்சபையில்
புகுந் தருணம் இதுவே.

Meditating and meditating on Him
Experiencing Him and experiencing Him
With heart mellowing and mellowing
With body drenched and drenched
By tears which well up as from a spring
Let us praise Him in these words, bowing and bowing to Him:
Oh Ambrosia of Grace! Oh good treasure!
Oh king of the Dance of Gnosis! Oh my rightful Master!
Come along Oh worldly men!
Note that we can get deathless great life!
I am not concocting this I am not telling lies
I am telling you the truth!
This is indeed the moment to enter the Golden Hall
The Hall of Gnosis!

In his last discourse on 30th January 1874 he told them *"I had spread my articles for sale, but alas! there are no buyers; hence I am winding them up"*. He promised them that he would come back but gave no further details.

He foresaw a future when his views on religion would be accepted all the world over by all the creeds; flesh-eating would gradually disappear; inequalities will be replaced by fraternal feelings and sense of equality.

He instructed them to lock up the room which he would enter shortly and he would not be visible to them. He entered the room on the midnight of Friday, 30th January, 1874, and no more of him was seen ever since.
His feelings at the supreme hour of his union with his creator is expressed amply:

> என்னை மண மாலையிட்டார் என்னுயிரில் கலந்தார்
> எல்லாம் செய்வல்ல சித்தர் எனக்கு அறிவித்த தனை
> இன்ன உலகினர் அறியார் ஆதலினால் பலவே
> இயம்புகின்றார் இயம்புகநத்தலைவர் வருதருணம்
> மன்னிய காலையிலாகு மாளிகையை விரைந்து
> மங்கலங்கள் புனைந்திடுக மயங்கியைய மடையேல்
> தன்னிகர் தானாம் பொதுவில் நடம்புரிவர் ஆணை
> சத்தியம் சத்தியமாதே சத்தியம் சத்தியமே.

> His body He gave it to me,
> His Grace, His possessions and Himself He gave to me
> He will never part from me any more in my body he has entered
> He has blended with my soul and dances in my heart!

Some years later the British Collector of South Arcot along with his Civil Surgeon colleague visited the place, confirmed the above facts from the Saints' followers residing at Vadalur; he did not make a forcible entry into the sacred room. In the report published in the District Manual he praised the great qualities of the Saint and the value of his teachings, which followed the earlier savants of the Saiva tradition. He noted with appreciation the religious awakening generated by the Saint in his days.

What happened to the Saint cannot be answered by us. Unnatural death either by homicide or suicide could easily be ruled out since even his worst opponents did not hint about them. Some of the utterances of the Saint specially his pathetic self-assessment and some of the sayings, both in verse and in prose quoted above and available to us, suggest that he was deeply depressed about his failures to carry out his reforms and message. The sleeplessness practiced by him, long silences for three months, a month earlier to his disappearance and his starvation may be pointers in this direction. His robust enthusiasm about his future reappearance and the reformed world with equality and fraternity negate the suspicion he suffered from a depressive illness. In this connection it is worth remembering how he felt bewildered and helpless when his fond sister-in-law and brother arranged for his marriage with a young girl in his 27th year. He could not express his feelings to anyone mortal but to his friend, the God, to whom he poured out his feelings:

> வைகிய நகரில் எழிலுடை மடவார்
> வலிந்தெனைக் கைபிடித்து இழுத்தும்

சைகை வேறு உரைத்தும் சரச வார்த்தைகளால்
தனித்தெனைப் பலவிசை அறிந்தும்
பொய் கரைந்தானை புகன்று மேல் விழுந்தும்
பொருள் முதலிய கொடுத்து இசைத்தும்
கைகல பறியே நடுங்கினேன் அவரைக்
கடிந்தம் இல்லை நீ அறிவாய்.

When comely women of the city I lived in
Took hold of my hands and forcibly pulled me, made gestures
Met me in privacy and got acquainted with me
Through alluring talk swore false oaths
And leaned on me and tried to seduce me by making many gifts
I never embraced them I trembled
Yet I never chided them! You know this, O My Lord!

It is not surprising that when he entered the nuptial chamber with his bride he preached a little from his favourite Saint Manickavachakar's *Thiruvachakam* and came out of the room celibate as he entered. Does this represent another episode of depression?

We are so close to Saint Ramalingar in time and place as to disbelieve his end in form of embodied immortality, but this is not new and foreign to our culture and beliefs. Many Saints, to mention a few Thiru Gnana Sambandar, Sundarar, Appar, Manickavachakar, Andal and Meera have attained this form of Salvation. Saint Ramalingar, though he preached amongst the common folk, is a mystic and is credited with various mystic powers, Siddhis and miracles to which allusions are made in his writings. They can be listed as:

Powers of action, *Karma Siddhi.* Powers of attunement through powers of concentration, *Yoga Siddhi.* Powers of wisdom, *Gnana Siddhi.*

Some of the miracles are *Nayana Deeksha*, the mystical vision he had at Chidambaram in the infant stage *(initiation by glance). Vasika Deeksha*, the vision of Lord Muruga which he had in his ninth year *(initiation by words). Spursa Deeksha*, his experience of the Lord's Holy feet at the wake of his self-realisation *(initiation by touch).* Such a person could very well be believed to have attained Embodied Immortality.

BIBLIOGRAPHY

English

Annamalai, S. P. (1973): The Life and Teaching of Saint Ramalinganar. Bharatiya Vidya Bhavan, Bombay.
Vanmikanathan, G. (1980): Ramalingar, Sahitya Akademi, New Delhi.
Vanmikanathan, G. (1976): Pathway to God Trod by Ramalinga Swamigal. Bharatiya Vidya Bhavan, Bombay.

Tamil

Sivagnanam, M. P. (1974): Vallalar Kanda Orumaipadu, V Edition. Inba Nilayam, Madras.
Saint Ramalinganar (1976): Thiru Arutpa Perun Thirattu. Thirunelveli South Indian Saiva Siddhanta Kazhagam, Madras.

Note: The verses from *Thiruarutpa* of Saint Ramalingar quoted in the text are the translations of the original by G. Vanmikanathan.

AN HYPOCHONDRIACAL APPROACH TO PRAYER

The history of hypochondriacal states is sketched from the earlier days to modern times. The narrower concept of hypochondriasis with reference to the attitudes of Bodily and Mental health is taken to consider the prayer SHANMUGA KAVASAM literally 'the armour of health' of the great devotee Pamban Swamigal who lived in later half of the nineteenth century and earlier period of twentieth century in Tamilnadu. The need for assessing the hypochondriacal traits in our culture is stressed.

The words 'hypochondria' 'hypochondriasis' and 'hypochondriacal disorder' have changed in their meanings and concepts from the time Smollius introduced the term in 1610 (Veith, 1965). Fischer Homberger maintains that hypochondriasis of the eighteenth century Is equivalent to the neurosis of the present century (Fisher H, 1972). How the state of psychiatry of the neurosis changed tn the course of 2-3 centuries to the present day classification of neurosis is clarified to an extent by the writing of Hare (1998). The word **hypochondriasis** was applied to the various mental states that were thought to be caused by changes in the organs of the hypochondrial region, particularly the liver and spleen (Kenyon, 1976) and he has alluded to 18 different types of meanings.

In Robert Burton's classic study of his *Anatomy Of Melancholy*, the word he used connotes a form of depression. The eminent biographer of Johnson, Boswell wrote in the London Magazine under the pseudonym of *'The Hypochondriac'*, he once again uses this term to mean his depressive state.

The English writer George Cheyne (1733) in his well known book *The English Malady*, he grouped depression, anxiety, hysteria, and other neurotic symptoms, under the heading of hypochondriasis. He described his own depressive and hypochondriacal symptoms as "intended as a legacy, and dying speech only to my fellow sufferers". It was left to Thomas Willis to split hysteria from the composite state of hypochondriasis who described hypochondriasis as:

> An imaginary being-affected with diseases of which they are free and many other distractions of the spirit . . . wandering pains, also cramps and numbnesses with a sense of formication seize likewise almost all the outward parts; night sweats, flushing of blood....
>
> (Willis, 1685 as quoted by Berrios and Porter 1995).

Whytt (1764) separated hypochondriasis from depression opining that nervous disorders resulted from "a too great delicacy and sensibility of the whole nervous system". The other contributors towards this area were Sydenham, Blackmore, Browne, Cullen and de Savages.

The present day classificatory systems of Psychiatry ICD-10, WHO (1992) and DSM IV APA (1994) consider the state as a syndrome rather than a

symptom and are based on the description of Gillespie (1928) as patient's preoccupation with having a physical disorder "far in excess of what is justified" as well as disease conviction that showed an "indifference to the opinion of the environment, including irresponsiveness to persuasion."

Kenyon(1976) suggests the usage of hypochondriac as an adjective to describe it as a morbid preoccupation with one's body or state of health, either mental or physical, with the further implication that this is the subject of complaints to others. Pilowsky(1967) has identified three dimensions in his study of hypochondriasis, viz. 'Bodily preoccupation', 'Disease Phobia' and 'Conviction on of the presence of Disease with Non-Response to Reassurance'. The first dimension corresponds to the 'senso-hypochondria' of Leonhard (1961). These dimensions were identified by analysing the Whitley Questionnaire (see Appendix). The 'Bodily preoccupation' factor of Pilowsky is similar to the parts of the hypochondriac personality of Tyrer after administering his Personality Assessment Schedule (see Appendix). It must be mentioned here that the hypochondriacal personality disorder is not included in either of the ICD-10 or DSM-IV classifications, even though Schneider includes it in his *Study of the Psychopathic States.*

It is proposed to highlight the hypochondriacal attitudes found in a remarkable Tamil prayer namely *Shanmugakavasam*, addressed to Lord Muruga (Shanmuga) to grant health in body, mind and free from diseases and seek protection from various natural / supernatural forces, at all times and at all places. This great devotee of Lord Muruga, Pamban Swamigal was born in 1850 at Pamban in Tamil Nadu, adjoining Rameswaram. He became well-versed in the religious books and himself became a great poet. He composed in total 6666 poetic verses in devotion to Lord Muruga. It could be seen that he was obsessed with the number 6 which denotes the 6 divine faces of Lord Muruga.

In his old age he was admitted for fracture of his hip at Government General Hospital, Madras, he repeatedly uttered this prayer which helped him to witness the Divine presence thereby aiding his recovery. He subsequently achieved salvation on 30-04-1929 and his memorial is situated at Thiruvanmiyur, Adyar. To this day multitude of devotees throng to his memorial in deep devotion and respect, especially on the full moon day.

The list of diseases for which the Swamigal craves protection are Anasarea Tuberculosis, Arthritis, Cervical Adenitis, Vascular lesions, Urethral discharge causing disorders, Diabetes, Chronic Skin Conditions, Anorectal disorders, Toxaemia, Paralysis, Anorexia, Leprosy, fistula, Syphilis, Emaciation, etc. Divine grace is requested for the regions of the body such as head, abdomen, shoulders, umbilical region, external genitalia, forehead, eyes, ear, mouth, tongue, teeth, cheeks, neck, back, chest forearm, elbow, palm, dorsum of hand, fingers, hip, inner and outer aspects of thigh, knees, ankle region, feet and toes.

He seeks protection from the messengers of Death and the fury of the five elements. He prays for the all-encompassing grace of Lord Muruga when he is atop mountains or plains or in dark caves or amidst thick forests, to protect him from nature's forays from all 10 directions (up, down, north, south, west, east, northeast, southeast, southwest, northwest). He zealously seeks the Divine presence during different activities that he performs (sitting, standing, bathing, eating, sleeping, praying, playing) during different times of day (morning, noon, evening) night (twilight, midnight) through the various phases of life (youth, middle age, old age) and not only in isolation but also in company. He seeks refuge in Lord Muruga from Demons, Witchcraft, Magic spells, Objects of preternatural significance, deadly weapons (trishul, spear, bow, arrow) insects, reptiles, wild animals (tiger, lion, bear, elephant, wolf, scorpion, snake, centipede, monkey, beetle, crab) and other living forms of land and water. Thus we see how meticulously a prayer could be offered for the protection of the human body and soul. I wonder whether any other prayer reaches such hypochondriacal heights! Importance of cultural and social factors are mentioned by Kenyon (1976) and Pilowsky (1983). The Tridoshas concept of diseases is extant in various parts of India and various systems of Medicine. The ancient Tamil work *Thirukkural* dating to 2nd century, in its chapter on Medicine mentions this:

Wind, Bile and Phlegm three cause disease.
So doctors seem it more or less.

It is common knowledge that common people both literate and illiterate attribute various illnesses to the Tridoshas. All the eatables are also classified according to Tridoshas and many people scrupulously avoid eating them. These beliefs vary in strength and it could be possible to measure them by the scales suggested by Pilowsky i.e. the Whitley inventory and the hypochondriacal personality, traits measured by PAS (Personality Assessment Schedule by Tyrer and Alexander). Unfortunately both the ICD-10 and DSM IV do not talk about hypochondriacal personality disorder even though Tyrer suggests many of these traits are covered by the anankastic disorder. Schneider has reformed to the hypochondriacal personality disorder as early as 1950. It should be worthwhile to formulate and validate such a scale for our people.

REFERENCES

American Psychiatric Association (1994): Diagnostic and statistical manual of mental disorders (4th Edition). Washington, DC : APA.

Berrios G., Porter R. (1995): The history of clinical psychiatry, somatoform disorders, 452. Athlone Press.

Fischer-Homberger, E. (1972): Hypochondria of the eighteenth century - neurosis of the present century. Bulletin of History of Medicine, 46:391-401.

Gillespie, R. (1928): Hypochondria: its definition, nosology and Psychopathology. Guy's Hospital Report 78:408-460.

Hare, E. (1998): The history of Nervous disorders from 1600 to 1840, and a comparison with modern views. In : On the History of Lunacy: the 19th Century and after. Gabbay, London.
Kenyon, F. (1976): Hypochondriacal state. Brit. J. of Psychiatry, 110:478-488.
Leonhard, K. (1961): On the treatment of ideo-hypochondria and senso-hypochondriac responses. Intl. Journal of Social Psychiatry, 7:124-133.
Pilowsky, I. (1967): Dimensions of hypochondriasis. British Journal of Psychiatry, 131:89 - 93.
Pilowsky, I. (1983): Hypochondriasis. In: Handbook of Psychiatry, 4, Cambridge University Press.
Schneider, K. (1958): Psychopathic personalities (Transl, M.W. Hamilton) Charles C. Thomas Springfield, Illinois.
Veith, I. (1965): Hysteria: The history of a disease. Chicago: University of Chicago Press.
World Health Organisation (1992): The tenth revision of the International Classification of Diseases and Related Health Problems, Geneva.

APPENDIX

1. WHITLEY QUESTIONNAIRE

A. Do you often worry about the possibility that you have got serious illness ?
B. Are you bothered by many pains and aches ?
C. Do you find you are often aware of various things happening in your body?
D. Do you worry a lot about your health ?
E. Do you often have the symptoms of very serious illness ?
F. If a disease is brought to your attention (through the radio, T.V., newspapers or someone you know) do you worry about getting it yourself ?
G. If you feel ill and someone tells you that you are looking better, do you become annoyed ?
H.Do you find that you are bothered by many different symptoms ?
I. Is it easy for you to forget about yourself and think about all sorts of things ?
J. Is it hard for you to believe the doctor when he tells you there is nothing for you to worry about ?
K. Do you get the feeling people are not taking your illness seriously enough?
L. Do you think that you worry about your health more than most people ?
M. Do you think there is something seriously wrong with your body ?
N. Are you afraid of illness ?

2. CRITERIA FOR DIAGNOSING HYPOCHONDRIACAL PERSONALITY DISORDER (TYRER ET AL, 1990) : Excessive preoccupation with maintenance of health with associated behaviour (e.g. will only take a limited range of food and water; regular consumption of health-promoting medicines in order to remain well). The perception of minor ailments and physical symptoms is distorted and magnified into major and life-threatening disorder. Repeated discourse to consultation with medical and associated disciplines for reassurance, investigation and treatment. Rigidity of beliefs about health and lifestyle ensures their persistence.

POEM

I am aweary, give me a while;
Fie, how my bones ache! What a jaunce have I had.
Jesu, what haste? Can you not stay a while ?
Do you not see that I am out of breath ?
Lord, how my head aches! What a head have I!
It beats as it would fall in twenty pieces.
My back a t `other side - ah, my back, my back!
Beshrew your heart for sending me about
To catch my death jauncing up and down!
O God's dear lady!
Are you so hot? Marry, come up, I trow:
Is this the poultice for my aching bones?
Henceforward, do your messages yourself,
I am the drudge and toil in your delight;
But you shall bear the burden soon at night.

Romeo and Juliet, Act II, Sc 5.

Excerpts from *Shanmugha Kavacham*

Protection for parts of the body (6, 7 stanzas)

ஊண்நிறை வயிற்றை மஞ்ஞை ஊர்தியோன் காக்க, வம்புத்
தோள்நிமிர் சுரேசன் உந்திச் சுழியினைக் காக்க, குய்ய
நாணினை அங்கி கௌரி நந்தனன் காக்க பீஜ
ஆணியைக் கந்தன் காக்க, அறுமுகன் குதத்தைக் காக்க.

எஞ்சிடாது இடுப்பை வேலுக்கு இறைவனார் காக்க காக்க
அஞ்சகனம் ஓரிரண்டும் அரன்மகன் காக்க காக்க
விஞ்சிடு பொருட்காங்கேயன் விளரடித் தொடையைக் காக்க
செஞ்சரண் நேச ஆசான் திமுருமுன் தொடையைக் காக்க.

Protection against diseases (16,17 stanzas)

ஞமலியம் பரியன் கைவேல் நவக்கிரக்கக்கோள் காக்க
சுமவிழி நோய்கள், தந்த சூலை, ஆக்கிராண ரோகம்,
நிமிர்சுழல் வாதம், சோகை, சிரம் அடி, கர்ண ரோகம்,
எமை அணுகாமலே பன்னிரு புயன் சயவேல் காக்க.

டமருகத்து அடிபோல் நைக்கும் தலையிடி, கண்டமாலை,
குமறு விப்புறுதி, குன்மம் குடல்வலி, ஈழை, காசம்,
நிமிரொணாது இருத்தம் வெட்டை, நீர்ப்பிர மேகம்எல்லாம்
எமை அடையாமலெ குன் றெறிந்தவன் கைவேல காக்க.

Protection against black magic (10th stanza)

ஒலிஎழ உரத்த சத்தத் தொடுவரு பூதப் ரேதம்
பலிகொள் இராக்க தப் பேய் பலகணத்து எவையானாலும்
கிலிகொள் எனைவேல் காக்க, கெடுபரர் செய்யும் சூனியம்
வலியுள மந்தர தந்தரம் வருத்திடாது அயில்வேல் காக்க.

FLASHBACKS FROM THE HISTORY OF TAMILNADU

CONJUGAL BEREAVEMENT IN TWO NAYAK QUEENS OF MADURAI

Bereavement is an inescapable life event in the overwhelming majority of human beings. Freud (1917) was the earliest psychiatrist to study the phenomenon of mourning and its relationship to melancholia. Subsequent workers in this area are Lindemann (1944), Morris (1958), Clayton (1982), Parkes (1985) and Singh (1989).

Conjugal bereavement has received considerable attention in the last few years [Parkes (1970), Parkes and Brown (1972), Crisp and Priest (1972) and Clayton (1974)]. From these studies, Clayton(1979) concludes that psychiatric consultations and admissions are rare following the death of a spouse. McMahon and Pugh (1965) noted that the relative risk of suicide was 2.5 times higher in the first year of bereavement and 1.5 times higher in the second, third and fourth years. Turning to India, we have no information on conjugal bereavement in any of the studies on suicide and life events. This is really surprising when we realise that Sati was practiced in this country from ancient times. The historical aspects of Sati were considered in an earlier paper (Somasundaram et al 1989). Singh and Singh (1989) have discussed the psychology of Sati in the wake of the Deorala Sati in Rajasthan in 1987.

It would be both interesting and instructive to study the reactions of two Nayak Queens of Madurai to their conjugal bereavements. We have to go back to a confusing and internecine conflict ridden period in the South Indian History [Nilakanta Sastri (1984) Parandhamanar (1981)]. It was after the fateful battle of Talikota in 1564 when the Hindu Vijayanagar Empire was crushed by the Deccan Sultanate. Many of the chieftains formerly under the Vijayanagar Empire declared their independence and started quarelling amongst themselves. The Nayaks of Madurai ruled this part of the country while others ruled Gingee, Tanjore and Vellore. Our interest in the Madurai Nayaks could be confined to the following reigns:

Chokkanatha Nayak (1659-82) (Wife Mangammal)

Muthu Veerappa Nayak III (1682-1689) (Wife Muthammal)

Mangammal (1689-1706).

Chokkanatha Nayak is the grandson of the famous and powerful Nayak ruler of Madurai, Thirumala Nayak who ruled from 1623 to 1699. This ruler does not have any laurels to his credit; he lacked foresight, sagacity and prowess unlike his grandfather and Madurai lost most of its glory. In the early years of his reign, his commander and others usurped his powers and waged an ineffectual war against Gingee, only to collect huge amounts as bribes from its ruler. Famine and pestilence struck. More invasions followed and Chokkanatha lost territories all round.

Not satisfied with having Rani Mangamma as his wife he demanded from his neighbour Vijayaraghava Nayak of Tanjore, his daughter's hand in marriage. On his refusal, he marched his army against Tanjore. Against odds the Tanjore Nayak fought and lost his life with his son. At the death of the King as preplanned a blast went off in the royal Chamber killing all the womenfolk. This mass suicide of the Tanjore Nayaks must have made an indelible impression on Rani Mangammal. To add further confusion Sivaji invaded this area, paving the way for the establishment of Maratha rule at Tanjore. The last straw was the invasion by the neighbouring Mysore State, which was repulsed with great difficulty with the help of not too reliable neighbours, Gingee and Ramanathapuram. Chokkanatha was deposed from his throne on grounds of insanity. When he regained his throne he was none too happy and died shortly afterwards. Rani Mangammal did not commit Sati. Her son succeeded to the throne in 1682. Muthuveerappa Nayak III inspite of his short rule for a period of 7 years regained the lost territories, even rebuffed the great Aurangazeb for his "sandal procession" to the South and to a great extent restored the glory of his Kingdom.

In his private life, he was a strict monogamist unlike his father. Unfortunately he died in 1689 after contracting smallpox. His wife Rani Muthammal wanted to commit Sati at the funeral pyre of her beloved husband but she was dissuaded from doing so at that time by her mother-in-law Rani Mangammal as she was near term with the royal child. A male child was born to her and on the fourth day after the childbirth she wantonly contracted "janni" (Puerperal fever) by drinking rose-water and died.

Rani Mangammal ruled Madurai in the name of her posthumously born infant grand child from 1689 to 1706. She successfully managed to regain the territories lost to Tanjore and other neighbouring kingdoms with the help of the army of the Moghul Emperor to whom she willingly paid her tribute. She successfully waged war against the Travancore and Mysore Kingdoms. On the whole her reign was a benevolent one and saw progress in agriculture, architecture and social reforms. It must be said that in her last days she was unwilling to part with her power to the legitimate one and there are a number of conflicting versions about her last days, whether she died in a prison or whether she was infatuated with her young Commander is not clear.

We have given a rather sketchy outline of the three Nayak reigns of Madurai to contrast the reactions of conjugal bereavement in the two Nayak Queens of the 17th century Tamil Nadu. Sati was still one of the common reactions in the widows; when Tirumalai Nayak died in 1659, many of his numerous wives committed Sati. When Muthuveerappa Nayak III died, his wife wanted to commit Sati, but she was dissuaded because of her pregnancy. Children and care of young children are strong suicide counters (Venkoba Rao, 1986).

Rani Mangammal did not commit Sati at the time of her husband's death, but lived and also reigned till her death 24 years later. This illustrates that life

events are important but the reaction to them is not uniform and varies from person to person due to various reasons (Gelder et al. 1989):

(1) the same event may have different meanings for different people. These differences in meaning presumably reflect previous experience
(2) there may be protective influences in the social environment
(3) people differ in the personal qualities that enable them to withstand stressors.

Other variables are vulnerability of the individual and coping skills or resilience of the personality.

Muthammal who ended her life had a devout and faithful husband. He has improved the image of his clan. Hence his death must have meant a great deal to her and that drove her to the irrevocable step. Rani Mangammal's husband was a weakling who must have come down in the estimate of his clan due to his various political reverses, his unjust waging of war against the Tanjore Nayaks for another wife and the dramatic and shocking mass suicide of the Tanjore Royal household must have shocked his wife who was in no mood to commit suicide after his death. As could be seen from her subsequent career as the reigning Queen of Madurai she struck to her power at all costs by her own strength and manoeuvres; she was a dominant, egoistic and ambitious person. Her self-esteem has protected her from acting in the traditional way of the Hindu widow of that time.

The study of life events and bereavement is attracting the attention of the psychiatrists and psychologists. The value of life events study can be limited due to above mentioned reasons and illustration of conjugal bereavements in a royal household almost at the same time and culture is a pointer in this direction. Recent Western studies have highlighted how the modern woman of that culture withstands conjugal bereavement without much mortality and morbidity to herself. Whether this applies to the Indian womanhood of today remains to be evaluated.

REFERENCES

Clayton P. J. (1974): Mortality and morbidity in the first year of widowhood. Archives of General Psychiatry, 30:747-750.
Clayton P J. (1979): The sequelae and non-sequelae of conjugal bereavement. American Journal of Psychiatry, 136:1530-1534.
Clayton P. J. (1982): Bereavement. In Hand Book of Affective Disorders. Edited by Paykel E. S. Churchill Livingston, Edinburgh.
Crisp and Priest (1972): Psychoneurotic status during the year following bereavement. Journal of Psychosomatic Research 16:351-355.
Freud S. (1917): Mourning and melancholia. In standard edition of the Complete Works of Sigmund Freud Vol. 14. London: Hogarth Press, Oxford.
Gelder M., Gath O. and Mayou R. (1989): Oxford Text book of Psychiatry. Oxford University Press, Oxford.

Lindermann E. (1944). Symptomatology and management of Acute grief. American Journal of Psychiatry, 101:141-148.
MacMahon B. and Pugh. T. F. (1965): Suicide in the widowed. American Journal of Epidemiology. 81:23-31.
Morris P. (1958): Widows and their Families. Routledge and Kegan Paul, London.
Nilakanta Sastry (1984): A History of South India. Oxford University Press, Madras.
Parkes C. M, (1970): The first year of bereavement: a longitudinal study of the reaction of London widows to the death of their husbands. Psychiatry, 33:444-467.
Parkes P. (1985): Bereavement. British Journal of Psychiatry, 146:11-17.
Parkes C. M. and Brown R. J. (1972): After bereavement a controlled study of young Boston windows and widowers. Psychosomatic Medicine, 34: 449-469.
Parandhamanar A. K. (1981): History of Madurai Nayakars. Paari Nilayam, Madras.
Singh A. & Singh S. (1989): The Psychology of Sati; Psychology and Human Behaviour Digest, September 47-51.
Singh G. (1989): Acute Grief: The first year of Bereavement. Indian Journal of Psychiatry, 31:187-195.
Somasundaram O., Kumar Babu C. and Geethayan I. A. (1989): Suicide behaviour in the ancient civilisations with special reference to Tamils. Indian Journal of Psychiatry, 31:201-212.
Venkoba Rao A. (1986): Depressive illness. ICMR, New Delhi.

THE LAST DAYS OF RANI MANGAMMAL

In the history of Tamil Nadu, Rani Mangammal of the Nayaks of Madurai has carved a place in history for herself; the part played by her during her husband's regime is little known but her regency for her infant grandson was remarkable for many achievements and some failure.

While speculating on the tragic last days of Rani Mangammal it's only proper to recall the sunnier times of her life, for which definite historical details are available. She was the wife of Chokkanatha Nayak, the grandson of the famous Nayak ruler of Madurai, Thirumalai Nayak. Chokkanatha Nayak ruled from 1659 to 1682 and not only had neither sagacity nor prowess but was also a very weak character. Usurping his powers, the ineffectual wars his commanders and others waged against neighbouring rulers resulted in loss of territories and famine and pestilence in the land.

Not satisfied with having Rani Mangammal he demanded his neighbour Vijayaraghava Nayak - the ruler of Tanjore - give his daughter in marriage. Upon refusal, he marched his army on Tanjore. Against odds the Tanjore Nayak fought and lost his life along with his son, following which the womenfolk blew themselves up in the royal chamber. This mass suicide must have made an indelible impression on Rani Mangammal.

To add to the confusion Shivaji invaded the area, paving the way for the establishment of Maratha rule at Tanjore. The last straw was the invasion by the neighbouring Mysore state which was repulsed with great difficulty with the help of not too reliable neighbours Gingee and Ramanathapuram. Chokkanatha Nayak was deposed on grounds of insanity. When he regained the throne he was none too happy and died shortly afterward. Rani Mangammal did not commit Sati. Her son Muthuveerappa Nayak III now ruled for a period of 7 years till his untimely death to smallpox. His wife Rani Muthammal being near term, gave birth to a male child and then committed suicide on the fourth day following the delivery.

The boy was named Vijayaranga Chokkanatha and crowned king when he was only 3 months old; therefore Mangammal his grandmother became Regent from 1689 until her death in 1706. Her regency was a tumultuous one marked by ups and downs in the various wars against her neighbours. She diplomatically submitted to the supremacy of the Imperial Moghul Aurangzeb at Delhi and was able to procure the assistance of his generals to defeat two of her enemies - those at Gingee and Udaiyarpalaiyam. She was able to contain the kingdoms of Travancore, Mysore and Tanjore. She could not successfully wage war against the Maravars of Ramnad who were under the able guidance of 'Khizavan' Sethupathi, Ramnad then becoming independent of Madurai.

So far historians are consistent about the Regency of Rani Mangammal. When we come to her last days there is a word-of-mouth legend about her

having a scandalous relationship with the commander of her army Acchaiya, subsequently becoming unpopular and showing unwillingness to hand over the reins of government to her grandson when he attained majority. Consequently she was arrested, imprisoned and starved to death. The confirmatory evidence is a supposed statue of Acchaiya and a portrait of Mangammal with her alleged paramour in which she is dressed in unorthodox fashion and gaudily decked with jewellery.

Without entering into the controversy of the veracity of this incident between the well-known biographers like Sathianatha Iyer (1924) and A.K. Paranthamanar (1981) etc. we could speculate about the mental status of the worthy ruler of Madurai. These biographers presume that lascivious behaviour could not be compatible with the age of Rani Mangammal at this period being roughly around 55 years - probably these writers did not want to taint the name and fame of a great lady - but we who are well-acquainted with human sexuality know that this type of behaviour is not incompatible with the age of Rani Mangammal. Is it possible that she suffered from an atypical form of erotomania or De Clerambault's syndrome?

Rani Mangammal started her career as the consort of Chokkanatha Nayak from whom the subjects of Madurai expected much as a successful king and an administrator, being the grandson of the great Thirumalai Nayak. But her expectations must have received a rude shock when Chokkanatha in spite of his very promising start ended his career by losing parts of the kingdom and actually being deposed from the throne for his insanity. His sudden death in 1682 due to a heart attack left Mangammal a widow in her early thirties. Her talents were submerged until her regency on behalf of her infant grandson started in 1689, with her part in the administration during her son's regime for 7 years being almost unknown.

Her administrative and military career flowered during this period as has already been mentioned. It is interesting to note when she wanted military help from two Mohammedan commanders to subdue two of her neighbours, she went out all the way to placate them with money, expensive presents and flattery. Her histrionic charms must have attracted these foreigners. Her attraction to the native commander Acchaiya in the evening of her life, if true, need not be considered as impossible. Erotomanic objects usually do not reciprocate the tender feelings of the afflicted subject. In this case Acchaiya being her underling was left with no choice but to return her feelings or at least pretend to do so. This would explain the portrait of the two in rather compromising posture.

Erotomania or De Clerambault's syndrome is described by Enoch and Ball (2004) and Munro (2000). The clinical features are: the patient yearns for another person, often socially unattainable, with a delusional belief that these feelings are reciprocated. The person may be of higher social status or a celebrity, with there rarely having been close contact. The love object will usually be unaware of the situation, but despite this the patient believes that

the other initiated the imagined relationship or made advances with covert signs or utterances. The onset of erotomania can be gradual or apparently sudden.

Regarding Rani Mangammal the atypical features are: woman getting an amorous attraction towards a very familiar subordinate to her own royal personage; with whom she should have discussed military matters of the troubled days almost daily. This is in marked contrast to the erotomanic woman's object of love, who is much superior in social and educational status to her. The love is reciprocated. The presumed reason for this has been hinted at previously.

Another cause for the inappropriate love of the Queen might be an infatuation due to disinhibition triggered by a cognitive impairment. There is no need to stress the point that such infatuations are of normal occurrence in everyday life. This would recall to our minds the infatuations exhibited by well-endowed princesses and even married queens to disabled and diseased persons recounted in our folklore of Vikramaditya's and Madanakamarajan's fables current in our country from ancient times.

There are quite a number of disturbing life events in the course of her eventful life. Unfortunately we do not have any details of her conjugal life. As we have seen, her husband's career was disastrous and his unjust war with the Tanjore Nayaks resulting in the mass-suicide of the royal household must have been a rude shock to her. He had to be deposed from his throne by reason of insanity which must have added to her woes. The premature death of her son and the subsequent suicide of her daughter-in-law must have been added problems. Overcoming these difficulties she over compensated in her regency days to get a stable place in the history of Madurai.

The grandmother's inappropriate behaviour should have not only embarrassed the grandson, who was then coming of age, but also gave him an excuse to imprison her.

The unbecoming end of a great benefactor is a great tragedy. If we call this tragic end a *figment of imagination* of fertile and nasty minds, it would be a great solace to the present generation and leave her quiet under the soil of Madurai.

REFERENCES

Enoch, D. and Ball, H. (2004): Uncommon Psychiatric syndromes, IV ed., Arnold.

Munro, A. (2000): Persistent and delusional symptoms and disorders. In: New Oxford Textbook of Psychiatry Vol. I, Oxford University Press, London.

Paranthamanar, A.K.(1981): History of Madurai Nayakars. Paari Nilayam, Chennai-1.

Sathianatha Iyer, R. (1924): A History of the Nayaks of Madurai.

THE PSYCHIATRY OF THE ASSAILANTS OF THE TAMIL NADU CHIEF MINISTERS

The mental make up of assassins or assailants of VIPs especially by persons of impaired mental capacity are not only inherently interesting from an historical perspective but also of forensic psychiatric value. The attitude towards the care of the criminally mentally ill has been shaped by these incidents.The author examines the mental status of the assailants of three Chief Ministers of Tamilnadu. during the last three decades: Rajaji, M.G.R. and Karunanidhi. The assailants were paranoid schizophrenics, catatonic schizophrenics and a malingerer claiming amnesia respectively.These findings are discussed with reference to the assaults or assassinations of VIPs of Great Britain and the USA.

The royal psychiatric maladies of the past had a profound influence over the course of history; they had a similar influence in changing public attitudes towards mental illness, its treatment especially of the common man in more suitable and human public asylums. The mental illnesses of Henry VI in the fifteenth century and George III in eighteenth century Great Britain underline these aspects.

The assassins or the assailants of the VIPs especially by persons of impaired mental capacities are not only inherently interesting from an historical perspective but also of forensic psychiatric value. The attitude to the insanity defence in the criminal courts and the attitude towards the care of the criminally mentally ill have been shaped by these incidents.

The case of Daniel MacNaughton who shot at and killed Drummond, the Private Secretary of the British Prime Minister, Sir Robert Peel in the mistaken belief that he (MacNaughton) was getting rid of his Prime Minister persecutor in 1843 and his subsequent trial, acquittal and the reference to the House of Lords leading to the formulation of the **MacNaughton's Rule** are well-known landmarks in forensic psychiatry (West and Walk, 1977).

The long reign of Queen Victoria is remarkable for the various assassination attempts. Victoria's seven assailants were generally unprepossessing young men; several were Irish and all but one used pistols. The details of the assaults and the psychiatric status of the assailants could be discerned from Walker (1968). William Gladstone, a Prime Minister of Queen Victoria regarded them as madmen without political motive (Turner, 1990). Turning to American history, we find that four of the Presidents were assassinated; Abraham Lincoln by Wilkes Booth, Garfield by Guiteau, McKinley by Leon F. Czolgosz and Kennedy by Lee Oswald.

After the independence of India in 1947, three of the Chief Ministers of Tamil Nadu (and the erstwhile Madras Presidency) were subjected to serious assaults or attempted assaults. It should be interesting to recall some of the facts related to these incidents.

Rajaji was the Chief Minister of the erstwhile Madras Presidency for the second time in 1952. On an earlier period of British India, he was Chief Minister from 1937 to 1939; in the 1960s after he had left the Congress Party, he was living in the Thyagaraya Nagar residence in Madras.

S.R. a tailor had his shop on a nearby unauthorised government wasteland. He had been an inpatient at the Government Mental Hospital, Madras, and diagnosed with Paranoid Schizophrenia. He believed he was in the command of an army. He was evicted from his unlawful occupation of government land by the City Police when Rajaji was the Chief Minister. He became deluded that Rajaji was responsible for his eviction. During his stay in the hospital he was seen turning towards the direction of Rajaji's house and shouting abuses. After his discharge from the hospital in the 1960s, he went to the residence of Rajaji. When he was not allowed to see him by his daughter, he stabbed her with a pair of scissors and tried to enter Rajaji's room. On hearing the shouts of the injured woman, the neighbours rushed in, overpowered him and handed him over to the police. He was found unfit to plead and admitted as a criminally mental ill patient in the criminal ward of the hospital. With his persecutory delusions still persisting along with some bizarre delusions (he is controlling the seas, etc.) he was returned to the court with a diagnosis of Paranoid Schizophrenia and fit to stand trial. The trial judge found him guilty of causing grievous injury to Rajaji's daughter and attempt to assault Rajaji and not coming under the exemptions provided by the MacNaughton Rules (S.84 IPC). He was given a short period of rigorous imprisonment. Subsequent to his release from the prison, he is leading a sheltered life under the care of his sister in Madras. He continually maintains a one-way correspondence with Professor Venkoba Rao, who treated him on earlier occasions. I am thankful to Dr. Rao for placing some of the letters at my disposal. The letters reveal a disorganization of thought processes to the extreme besides some disconnected notions about his attempted assault and other delusions. The psychiatric social workers of the Institute visited him and found him advanced in years and spending his time in writing letters to various personalities and leading a sheltered life.

The individual who entered the official chamber of the Chief Minister Dr. M.G. Ramachandran in the Secretariat, Fort St. George, Madras and destroyed furniture, sanitary fittings and records (when fortunately the Chief Minister was not there) was a former patient of the Institute, treated with drugs and ECT. On the present occasion when his mental condition relapsed, he was brought by his relatives to the OPD of the Institute. He managed to elude the grasp of his relatives and was found in the Secretariat that night by the police and charge-sheeted for the attempt to assault the Chief Minister. As a remand prisoner, he was observed in the OPD and a certificate was issued to the effect that he was suffering from Catatonic Schizophrenia. He was kept in the prison where he recovered after receiving antipsychotic medication. At the time of trial, he was found fit to plead, the psychiatric expert testimony was not called for and he was given a short period of penal servitude.

The third individual threw a chisel at Mr. M. Karunanidhi, the former Chief Minister and the then Leader of Opposition while he was entering his propaganda van after addressing a public meeting. Fortunately the missile struck the door of the van. He was remanded to police custody where he pleaded amnesia for the episode. The accused was examined at the Tirunelveli Medical College Psychiatry Department (600 km south of Madras) where the psychiatrist requested a second opinion from a senior colleague at Madras. He was investigated for an organic disorder of the brain. EEG was normal. There was no previous history of seizure disorder. A diagnosis of malingering was made at the trial. The psychiatry expert testimony was accepted and the assailants was sentenced to a short period of imprisonment.

DISCUSSION

It would be worthwhile to compare notes of the various assailants or would-be assassins of VIPs in other times and other parts of the world. Hadfield, the assailant of George III in 1800, Oxford, the assailant of Queen Victoria in 1840 and MacNaughton, the assassin of Drummond in 1843 were found to be insane at the time of commission of the crimes and were detained in asylums. All the seven assailants of Queen Victoria were mentally impaired. The assassins of the four American Presidents were also mentally unstable. The case history of individuals who wrote threatening letters to the U.S. Presidents and detained at the Medical Centre for Federal Prisoners in Springfield, are reviewed (Rothstein, 1965). There were eleven individuals. All of them are schizophrenics. Oswald, the murdered assassin of President Kennedy received a diagnosis of 'schizoid personality and schizophrenic tendencies'.

In our case material it is remarkable to note the similarities of the assailant of Rajaji to MacNaughton. The evolution of the symptoms leading to the gross deterioration of thought and behaviour is striking. The author has described the various crimes of persons with schizophrenia (Somasundaram, 1974). The importance of catatonic schizophrenia with reference to Indian psychotic crimes was alluded to by the author in his earlier papers (Somasundaram, I960 and 1974). One of our cases is associated with malingering. It should not be difficult to distinguish between genuine and feigned amnesia (Somasundaram and Ramadoss, 1976). Similarly the amnesia of the epileptics could be differentiated (Somasundaram, 1972).

In a democratic setup and in its Courts of Justice, all the victims and accused are equal. It is not unnatural or unusual that some of the criminal cases associated with VIPs raise controversies and discussions. The attack on President Reagan by John Hinckley is a pointer in this direction (Stone, 1984). The insanity plea came under fire and scrutiny by the various interested parties. The psychiatrists were severely criticised: "The psychiatrists spun sticky webs of pseudo-scientific jargon and in these webs, the concept of justice, like a moth, fluttered feebly and was trapped". The

insanity defence was critically analysed by the AMA, APA and American Bar Association. (Kaplan and Sadock, 1988). The American Psychiatric Association in its 1983 report suggested modification in the insanity defence (Insanity Defence Workgroup, 1983). Over forty bills were introduced in the Congress to amend the law but none was passed. It looks as if that the status quo in the insanity pleas should be maintained for the present.

The Tamil Nadu cases reveal the usual difficulties in interpreting the law with reference to mentally abnormal offenders. Serious controversies as in the West do not occur and law and psychiatry continue to co-exist with mutual trust and understanding.

APPENDIX

Extracts from the letters of S.R. written to Prof. A. Venkoba Rao in late 1991: *Brain is the Machine that could develop mind to have aerial contact. The lifeline of Ramayana - without morality Dharma would be a mirage. Without Dharma, where is the God? Nowadays mere marriage has become a licence for immorality - some wives expect too much from their husbands - many husbands indulge in their relation. Divine revelation - Warning about Pitfalls: Divine revelation can't be distinguished from the criminalism explained above.*

REFERENCES

Insanity defence Workgroup (1983): American Psychiatric Association Statement on the Insanity Defence. Amer. J. of Psychiatry, 140:681-688.

Kaplan, H.I. and Sadock, B.J. (1988): Synopsis of Psychiatry, Fifth Edition. Williams and Wilkins, Baltimore.

Rohlstein, D.A. (1965): Presidential Assassination Syndrome. Archives of General Psychiatry, XI:245-254.

Somasundaram,O.(1960):Guilty but Insane. Ind.J. of Psychiatry, 2:80-85

Somasundaram,O.(1972):Crimes and Persons with Epilepsy.Indian Journal of Psychiatry,14:423-436.

Somasundaram, O. (1974): Crimes and Persons with Schizophrenia. Indian Journal of Psychiatry, 16:121-130.

Somasundaram, O. and Ramadoss, R. (1972): The Criminals who forget their Crimes. Indian Journal of Criminology, 4: 7-14.

Stone, A.A. (1984): The trial of John Hinckley. In: Law, Psychiatry and Morality. American Psychiatry Press Inc, Washington DC.

Turner, T. (1990): Erotomania and Queen Victoria or Love among the assassins. Psychiatry Bulletin, 14:224-227.

Venkoba Rao A. (1991): Personal Communication.

Walker, N.(1968):Crime and Insanity in England. Edinburgh University Press.

West, D.J. and Walk, A. (1977): Daniel MacNaughton, His Trial and the aftermath. Gaskell Books, London.

MY APPEAL TO THE YOUNG TAMIL PSYCHIATRISTS

Psychiatrists, qualifying from Indian Universities in increasing numbers are unfortunately migrating to the West. The psychiatrists practicing in India number about 3500 (mainly confined to the metros). The number of Indian Psychiatrists working in the U.S.A. is about 5500, the U.K. 1000 to 1500 (Nambi, 2002 personal communication), with the senior professionals migrating as well.

It is extremely distressing to note that some of the emergency psychiatric services in other developing countries are facing threats of closure due to senior members (psychiatrists and non-psychiatrists) emigrating to the developed countries. Recently, an emergency psychiatric unit in South Africa was abruptly closed due to the anesthetist member of the team suddenly leaving for the U.K.

With the U.K. opening up the consultancy, most of our men find the offer lucrative. Some of the teachers even boast that many of their students are working in other countries. Even senior professionals are encouraging their children to emigrate. So expecting a Government ban being a mere waste of time, I would like to lead you on to your conscience through the words of Sir Walter Scott:

...breathes there the man, with soul so dead
Who never to himself hath said
This is my own, my native land!
Whose heart hath never within him burn'd
As home his footsteps hath turned
From wandering on a foreign sand.

To remember the greatness of tamil,

யாமறிந்த மொழிகளிலே தமிழ் மொழிபோல்
இனிதாவது எங்கும் காணோம்.

சேமமுற வேண்டின் தெருவெல்லாம் தமிழ்
முழக்கம் செழிக்கச் செய்வீர்.

\- பாரதியார்.

உலகியலின் அடங்கலுக்கும் துறைதோறும் நூற்கள்
ஒருத்தர் தயை இல்லாமல் ஊர்றியும் தமிழில்
சலசலென எவ்விடதும் பாய்ச்சிவிட வேண்டும்!
தமிழொளியை மதங்களிலே சாய்க்காமை வேண்டும்
இலவச நூற் கழகங்கள் எவ்விடத்தும் வேண்டும்
எங்கள் தமிழ் உயர்வென்று நாம் சொல்லிச் சொல்லித்
தலைமுறைகள் பலகழித்தோம்; குறைகளைந் தோமில்லை
தகத்தகாயத் தமிழைத் தாபிப்போம் வாரீர்!.

\- பாரதிதாசன்

